

LAKWOOD CATHOLIC ACADEMY
Green Team Nature Club



PERMISSION FORM

September 13, 2011

Dear Mrs. Marianne Quasebarth Usiak (parent moderator), guest speakers, and other volunteers,

I, _____, am the _____
Name of parent/guardian Father, Mother, Legal Guardian
of _____, a student at Lakewood Catholic Academy in ____ grade.
Child's name

I hereby grant permission for the above-named child to attend Green Team meetings at Lakewood Catholic Academy and do so with the knowledge that meetings will take place indoors as well as outside, including at Lakewood Park. I understand that meetings will regularly take place on the third Wednesday of each month and that the time of the meetings will be from 2:30 to 4 p.m. Additional meetings will be scheduled on two Saturdays for service projects and fun events.

In addition, I understand that, on meeting days:

1. Students must bring appropriate clothing for the weather such as coats, boots, hats and mittens.
2. Students must bring an extra snack and drink to be eaten before the meeting begins.
3. Students will get to meeting locations by walking outdoors in all weather, with the exception of lightning and a very hard rain, in which case meetings will be held indoors.
4. I must pick up my child at **4:00 p.m. in the back of the school by the greenhouse**. If I grant permission for my child to go home with someone else, I will send a note to the Green Team moderators that day.

In consideration of the child being allowed to participate in this extracurricular club, on behalf of my child, my spouse, and myself, I hereby assume all risks in connection with Green Team and I further release, discharge, and/or otherwise indemnify the Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, Lakewood Catholic Academy and its sponsoring parishes, guest speakers and/or organizations they represent, the City of Lakewood, all employees and volunteers named and not named from above entities from all claims, judgments, liabilities by or on behalf of my child, myself and my spouse for any injury or damage due to the child's participation in Green Team, including all risks connected therewith whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child. I fully understand what is involved in this extracurricular activity and I understand that I have the opportunity to call the parent moderators to ask about field trips.

Parent/Guardian Signature

Email: _____

Phone: _____

*Please include a non-refundable annual activity fee of \$8.00, made payable to LCA, indicating **Green Team** in the memo line.*