



SFB MIDDLE SCHOOL YOUTH NIGHT
FRIDAY, FEBRUARY 10, 2012
ROLLER SKATING PARTY AT OZAUKEE SKATELAND

Youth nights are open to 6th through 8th graders.

Bring a friend! Permission slip required. Adult assistance appreciated.

Registration Deadline: February 8th Return slip and payment to SFB Youth Ministry Office

Questions? Maria Spenner 377-1070 ext 228 spennerm@archmil.org

PARENT/LEGAL GUARDIAN PERMISSION AND INDEMNITY AGREEMENT

Name of Son/Daughter/Ward _____

Parish/School: St. Francis Borgia Parish, Cedarburg, WI

Designated Supervisors of Activity: Maria Spenner

Activity: Middle School Roller Skate Party at Ozaukee Skateland

Date(s) and Time of Activity: Friday, February 10 6:30-9:00PM

Method of Transportation: Personal Transportation-Drop Off/Pick Up at Skateland

Student Cost:\$10.00 includes skate rental, all you can eat pizza and soda/slush

Registration Deadline: Wed., February 8th -Return permission slip and payment to SFB Youth Ministry

Questions? Maria Spenner 377-1070 ext 228 spennerm@archmil.org Chaperones Needed!

I certify that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my SON/DAUGHTER/WARD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH/SCHOOL to clarify any concerns of questions about the ACTIVITY or this agreement that I may have had.

PARENT/GUARDIAN'S NAME(S): _____

HOME ADDRESS: _____

HOME PHONE: (____)_____ OTHER PHONE (____) _____

Signature_____ Date _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

NAME & RELATIONSHIP: _____ PHONE: (____)_____

Please furnish medical information about your CHILD/WARD which may be pertinent to his or her participation in the above identified activity:_____

PLEASE RETURN THIS COPY TO THE YOUTH MINISTRY OFFICE