

All Saint Leo School & Parish

6th Graders are invited to...

YOUTH MINISTRY MOVIE NIGHT

Friday, March 12th @ Weber Center

6:30pm to 9:00pm

Nachos, popcorn, candy & soda will be served!

*So start your engines... hold onto your seat... and
get ready for a great time!*

We will be attending Stations of the Cross @ 7pm

Please RSVP @ youth_ministry@stleos.org or 394-1035

CLEARANCED CHAPERONES ARE NEEDED

Please contact Mary Ellen Reitmeyer



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**SAINT LEO THE GREAT YOUTH MINISTRY
PARENTAL PERMISSION AND EMERGENCY AUTHORIZATION FORM
Youth in 6th Grade**

DEADLINE: March 12, 2010

Participant's Name _____ Birth _____
Date _____

To Whom It May Concern: _____ do hereby request that I, parent or guardian of _____ he/she be permitted to attend "Movie Night" on Friday, March 12, 2010. My child will meet in the Weber Activity Center @ 6:30pm and I will pick up my child at 9:00pm. **We will need adult chaperones with clearances.** Mary Ellen Reimeyer's cell phone # in case of an emergency: 575-6894

I understand that the program will have competent adult supervision and reasonable and appropriate measures will be made to minimize the risk of injury and/or accident.

I hereby grant my consent for staff members and/or adult volunteers under whose auspices the program is conducted, to secure all necessary emergency medical care and/or treatment that may be necessary for my child during the entire event including the trip to and from their destination, if provided by a staff member or adult volunteer. I further assume all responsibility for the decisions so made, and the emergency care or treatment so secured, in the event that I cannot be reached.

In case of accident, injury or loss, neither my family nor I hold the place where the event is conducted, the group sponsoring the event, nor any person or affiliate organization associated with the event, responsible or liable. In case of accident or serious illness, I request the Parish to contact me (or person named below). If the Parish is unable to reach me, I hereby authorize the Parish to make whatever arrangements seen necessary. I authorize EMERGENCY medical treatment to be given to my child.

Signed _____
Date _____

Relationship _____ Address _____
Phone# _____ Cell# _____ Work# _____

Do you have hospital insurance? YES _____ NO _____

Name of Company and Policy or Group Number _____

If you participate in an HMO, please list the provided and telephone number _____

Provider _____ Telephone Number _____

Medical or other ailment and/or allergies? _____
In Emergency, if I cannot be reached, contact: _____

Address _____
City _____
Phone _____ Work _____ Cell _____

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