



DECEMBER MIDDLE SCHOOL SOCIAL
SAT. DEC. 10, 2011 from 6:15-8:45



MOVIE SOUL SURFER & PIZZA DINNER
CHRISTMAS COOKIES FOR DESSERT

COST WILL BE \$7 (CHECK PAYABLE TO SAINT PAUL)

BRING A BLANKET OR SLEEPING BAG FOR YOUR VIP SEAT!!

SINCE THIS IS THE SEASON OF GIVING, IT IS BEING ASKED THAT EACH PARTICIPANT BRING A CANNED/BOXED ITEM TO BE DONATED TO THE DAMASCUS HELP FOOD PANTRY. Items especially needed are: PB&J, individually wrapped packages of soap and TP, laundry detergent, diapers [especially size 5], baby wipes, baby food, canned meat, canned potatoes, canned fruit, and dry milk in individual envelopes – large boxes can't be used.

Blessings and hope to see you all there!!

Please complete the attached permission slip, and send it to the attention of Julie Sparacino with payment. RSVPs and payment are requested by Wed. Dec. 7th. No registrations at the door.
Thanks!

PERMISSION FORM - PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____ Birth date: _____ Sex: M F

Parent/Guardian's name: _____ Home address: _____

Home phone: _____ Business phone: _____ Cell phone: _____

I, _____ grant permission for my child, _____ to participate
Parent or guardian's name Child's name
in this activity or event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers.

Name of parish: Saint Paul Catholic Church

A brief description of the activity follows:

Type of activity/event:	Middle School Movie Night
Destination of event:	Saint Paul Church Hall
Individual in charge:	Monica Zink and Valarie Rojas
Estimated time of departure and return:	6:15 pm to 8:45 pm
Mode of transportation to and from event:	N/A

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Saint Paul Catholic Church, its officers, directors, employees and agents, and the Archdiocese of Washington, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Washington, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/Archdiocese.

Signature: _____ Date: _____ ←

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

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: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____ ←

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Washington, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be contacted at this number: _____

Signature: _____ Date: _____ ←