

Junior High Ministry

May 12, 2018 from 6:00 pm – 9:00 pm

## Cost of $15 per person includes Go Karts, Lazer Tag, Bowling, Mini Golf, Climbing Wall, a calzone, drink and cake. Saint Max is picking up part of the cost. We will meet AT The Web Extreme Entertainment… 7172 Cincinnati-Dayton Road, West Chester, Ohio 45069. We must have a completed Saint Max liability form on file. Transportation is not provided…please have your youth at The Web by

## 6:00 pm and pick them up at 9:00 pm. Please complete and return this form/$ to St. Max parish office by Wednesday, May 9, 2018. We need at least two VIRTUS-trained adults as chaperones. Please sign up to chaperone using the Sign Up Genius on the website.

Contact Robin Burbrink with any questions…rburbrink@saint-max.org, 777-4322 x 124 or 513-260-1663 ©

**Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_ Birthdate\_\_\_\_/\_\_\_\_/\_\_\_\_**

**Calzone Choice (check one) \_\_\_\_\_\_Cheese \_\_\_\_\_\_ Pepperoni \_\_\_\_\_ Sausage**

**NEEDED PAPERWORK:**

1) A completed copy of the form below must be turned in.

2) A copy of **medical information** **must be on file** and **up to date**. *This would be completed on the Medical and Liability Form turned in for youth events for the school year (2017/2018 school year).*

 I, the lawful parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “child”) give permission for my child to participate in the activity described on the Activity Information Form (attached above) and release from all liability and indemnify the Archbishop of Cincinnati (“the Archbishop”), both individually and as a trustee for the Archdiocese of Cincinnati and all parishes, schools, and institutions within the Archdiocese, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity.

I agree that the Archbishop or his agents may use my child’s portrait or photograph for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities. (Facebook, texting, etc.)

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 **Signature of parent/guardian Date Home phone number**

**Signature of Parent or Guardian Date Home Phone**

Parent /Guardian Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_