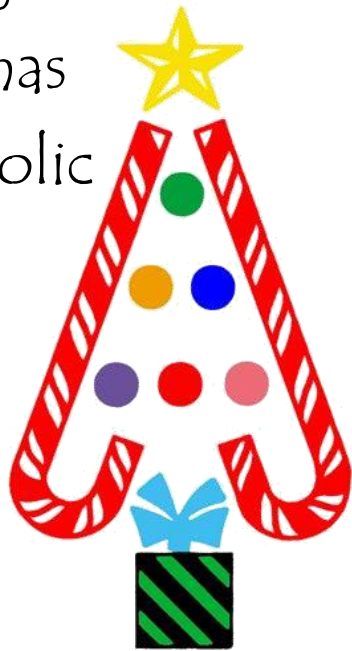


Volunteering at Kids Christmas Party at Catholic Charities!



WHO: 9th-12th Graders

WHAT: Volunteer with kids at Catholic Charities

DATE: Monday December 4th, 2017

TIME: 5:30pm-8:30pm

(Meet at St. Henry at 5:00pm and return approx. 9:00pm)

PLACE: Catholic Charities Tulsa

We are going to spend time with resident's kids at Catholic Charities and host a fun Christmas Party for them. We play games, have dinner, and fun!

Forms need to be turned in to Katie in the parish office by Wednesday November 29th! Parent chaperones are needed as well!

As a parent or guardian of (please print) _____, I request that my child or ward be a participant in the above activity. In case of medical or other emergency, I hereby give permission to the physician selected by the coordinator/s of this event, or his/her representatives, to secure medical care and treatment for my child/ward named above. I also release the coordinator/s and his/her representatives, and the Catholic Diocese of Tulsa from all responsibility for any liability arising out of any illness or accident which may be sustained by my child/ward during their care. I understand that reasonable efforts will be made to contact me immediately in the event that something unforeseen happens that needs my immediate attention, but if the coordinator or his/her representative are unable to contact me, I hereby, hold harmless and discharge forever the coordinator/s, the Catholic Diocese of Tulsa, employees, sponsors, chaperones, and affiliates from any and all liability, claim, loss, damage, cost, or expense and waive any such claims against any such person or organization arising directly or indirectly from or attributable in an legal way to any action or omission to act of any such person or organization in connection with the organization and execution of the aforementioned activity.

Name of Student _____ Age _____ Grade _____

Address _____ City _____ Zip _____

Cell Phone _____

Please list any medical or other conditions that we should be aware of in the event of a medical or other emergency _____

Signature of Parent/Guardian _____

Home Phone _____ Cell Phone _____

Alternate emergency contact: _____

Student:

I understand and agree to abide by all the rules given by the appointed adult representatives while a participant at the above-mentioned activity. I also understand and agree that I will notify my parents or guardian at the time of any infractions that may require dismissal from the activity.

Signature of Student _____

_____ **I can Chaperone and drive.**

I have _____ number of seats!

(All adults who work with youth at St. Henry must meet our safe environment requirements, if you have not done this please contact Katie at 272-3710).