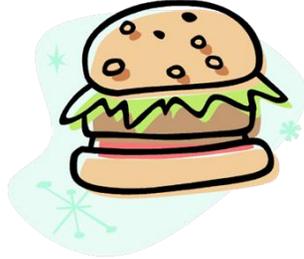


# Burger Mania



# & Bingo

B I N G O				
15	28	37	51	73
6	17	32	45	61
9	15	★	60	70
12	26	44	52	66
7	22	34	48	72

When: Saturday, January 20<sup>th</sup>, 2018

Who: 5th-12th Graders

Time: 4:30pm to 8:30pm

Where: St. Henry

- Youth Need to bring a dozen cookies for Dessert
- Come serve dinner to the St. Henry Parishioners
  - All Proceeds go towards Youth Ministry

Forms for youth a can be brought in up until the start of the dinner. Parent Chaperones/Helpers are needed. Please mark form and let me know if you are available to help out!

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 the dinner.

(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).