



# ST. HENRY CLUSTER

*We're all in this together.*

## YOUTH PERMISSION FORM

### Midnight Magi (grades 9-12)

For all of your children who will participate in this activity please complete the following:

CHILD'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ GENDER: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ GENDER: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ GENDER: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ GENDER: \_\_\_\_\_

☐ Yes ☐ No Please check here if you give your child permission to drive to and from the event.

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PO BOX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PARISH: \_\_\_\_\_

## ACTIVITY INFORMATION

**EVENT:** Midnight Magi

**PARISH/CLUSTER:** St. Henry Cluster Parishes \_\_\_\_\_ **PROGRAM/GROUP:** Youth Group

**DATE:** 12/20/2023

**REGISTRATION FEE:** None

**LOCATION:** St. Henry Church Basement

**ACTIVITIES:** Baking, Driving & delivering baked good to 3rd shift service

workers

**GROUP LEADER:** Ben Buening

**PHONE:** 419-790-8091

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*If your child(ren) do not participate in CCD, please reach out to Ben @ 419-790-8091 to obtain a medical release form.