



Event: Ladies Night In (Grades 3-12)

Date: 2/9/2018

Cost: \$10.00

Location: Church of Saint Rita

Time: 6:15 PM til 11:00 PM

Group Leaders: Amy Schroeder & Kathy Kovarik Phone: 651-459-4596

Participant Name: _____

Home Address: _____

City: _____ State/Zip _____

Grade: _____ Home Phone: _____

Parent/ Guardian #1 Name: _____ Cell# _____

Parent /Guardian #2 Name: _____ Cell # _____

Optional Medical Information

Medications my child is taking at present: _____

Allergies/Conditions my child has: _____

CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing the Church of St Rita.

In this event sponsored by: The Church of Saint Rita on 2/9/18.

Please read and sign.

I, _____, WILL:
Printed Name of Youth Participant

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure time.
- Not possess any tobacco, alcohol or any controlled illegal substance

I agree that if any of these terms are violated, **Church of Saint Rita** can send the participant home at the participant /guardian's expense.

Youth Participant Signature

Date

Parent/Guardian Signature

Date

**FOOD
GAMES
CRAFT PROJECTS**

**MANICURES
CRAZY
DANCING**

**SERVICE
PRAYER**

**ENTERTAINMENT
AND MORE**

I, _____, grant permission for _____ To participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the above stated Churches from any claims or lawsuits brought against them by myself, my child or others, that arises out of any behavior by my child at the event described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/church in defense of such a claim/lawsuit. **Emergency Medical Treatment** In the event of an emergency, I give permission to transport my child to A hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me, contact

_____ phone _____

Use of Image: I grant permission to the Church of St Rita to use and publish for advertising, commercial or publicity purposes, the name and likeness of my child, or for any other lawful purpose whatsoever, including photographic portraits, picture, reproductions, made through any medium, including electronic media and the undersigned parent/guardian does hereby release the Church of St Rita with such use. This authorization and consent permits such use to associate my child's name with the likeness for such purposes provided such use and is consistent with the acceptable use policy for electronic communications and other policies. I authorize staff or other leaders of the Church of St Rita and Amy Schroeder to communicate with my child electronically, including via social media in accordance with the Acceptable Use Policy for Electronic Communication.

As a parent/guardian, I agree to all of the above stated considerations and conditions.

Signature _____ Date _____

MOMS & GRANDMAS, WE NEED YOU TOO!!!

Come be part of this night for the girls, let us know your coming so we order enough food!

Name(s): _____