



**With the TRI-PARISH YOUTH GROUP**

Sunday, December 4, 2022

2:00 pm-4:00pm

**Who:** Grades 7-12, Tri-Parish and Non Tri-Parish members  
**What:** Christmas Caroling  
**How:** Meet at Sacred Heart Church basement. We will sing for the residents of the Freeport community by caroling up and down the streets of town. We will end our afternoon with snacks and games in the church basement.

**Drivers Needed:** We will need parents to drive for this event to be possible. Please indicate below if you are able to help with this. Thank you!

**Deadline:** Wednesday, November 16th, return to the Freeport Office

\*Contact Chrystal Sand for more info! (320)836-2143 or csand@catholic-centered.org\*

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**Due Wednesday, November 16** (cut and return bottom portion Front and Back) **Due Wednesday, November 16**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female

Student Cell Number (for day of event) \_\_\_\_\_ Texting? Yes No

Medical Information (any limitations or medications)?: \_\_\_\_\_

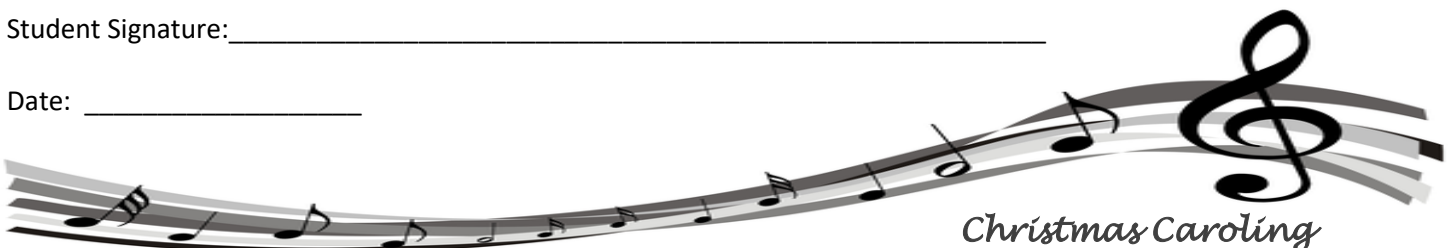
Parent/Guardian Name: \_\_\_\_\_ Parent Cell Number: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_ **Willing to Drive?** Yes No

I, the student, agree to abide by a general code of conduct which includes being respectful of all persons and property involved in this event. I will obey the directors of this event and act in a Christian manner at all times.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**Christmas Caroling Event Permission Form Cont.**

I, \_\_\_\_\_, the parent, grant permission for my child, \_\_\_\_\_ to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from the Tri-Parish of Sacred Heart, Immaculate Conception, and St. Rose of Lima. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself and my named child to hold harmless and defend the Tri-Parish, its officers, directors and employees, and the Diocese of Saint Cloud from any claim arising from or in connection with my child attending this event or any illness, injury, death, or cost of medical treatment in connection with this event. I agree to compensate the parish and its employees for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Any medical concerns the coordinators/leaders of this event should be aware of: \_\_\_\_\_  
I hereby grant permission for non-prescription medication (i.e. acetaminophen, ibuprofen, throat lozenges, cough syrup, etc.) to be given to my child, if deemed appropriate.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ **THANK YOU!**