

Youth Ministry Game Night

(for youth in grades 6-12)

Saturday, April 27thth 2024, starting with Mass at 5pm with a meal and game night to follow

Participant's name: _____
Birth date: _____ Gender: _____ Grade: _____ Youth Cell Phone: _____
Parent/Guardian's name: _____
Home address: _____
Home phone: _____ Business phone: _____
Cell Phone: _____ Other Emergency Phone: _____

I, _____ grant permission for my youth, _____
(Parent or guardian's name) (Youth's name)

to participate in this ACC event that requires transportation to a location away from an ACC site. This activity will take place under the guidance and direction of volunteers from the One in Faith ACC.

A brief description of the activity follows:

Type of Event: Youth Game Night with Fr. Doug and Fr. Derek (including Mass, a meal and game night)

Date of Event: Saturday, April 27th, 2024

Cost of Event: Free

Destination of event: Hellermann Acres (31969 County Rd 175, Melrose, MN 56352)

Parish Leader & Contact Info: Cindy Hemmesch- 320-293-4670, Cheryl Hellermann- 320-248-6268

Coordinated by: One in Faith Youth Ministry

Estimated time of event: Starting with Mass at 5pm and ending at 9PM

Mode of transportation to and from event: parent/participant responsibility, we encourage families to carpool!

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the _____ its officers, directors, employees and agents, and the

(Church Name)

Diocese of St. Cloud, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my youth attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of St. Cloud, its employees and agents and chaperones, or representative associated with the event 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, school or diocese.

Guardian Printed Name: _____ Date: _____

Signature: _____

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____ Phone: _____

Signature: _____ Date: _____

Specific Medical Information: The parish will take care to see that this information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Does child have a medically prescribed diet? _____

Any physical limitations or medical conditions? _____

Photos may be taken during this event. If you DO NOT WANT photos of your child to be used for promotional purposes, please let Cindy Hemmesch or Cheryl Hellermann know (phone numbers above) in writing.