

STA YOUTH MINISTRY GATHERING

Saturday, December 13, 2014

For Grades 6th-12th

1. *Youth Mass 5:30PM*

2. *Pizza 6:30PM*

3. *Christmas Movie Night ~ 8:00PM-10:00PM*
(Parents need to pick up their youth at STA at 10:00PM)



4600 N Illinois
Indianapolis, IN 46268
317-253-1461

The cost is **\$5** per person.

We will begin with the Dr. Seuss short cartoon classic: *How the Grinch Stole Christmas*.

Parents are needed to help chaperone, set up/clean up and help provide snacks/beverages.

**Please return completed registration & payment by Mail or dropped off to STA by

Monday, December 11. **

*** Registration Forms are also available as a pdf online through the STA website at <http://www.staindy.org/church/youth-ministry/>

Please contact Sandra at ssantucci@staindy.org if you have any questions.

**ST. THOMAS AQUINAS
PERMISSION SLIP/MEDICAL RELEASE**

Youth Name: _____ Grade: _____

YOUTH MASS STUDENT VOLUNTEERS: (Circle One) If your youth is assigned to a liturgical ministry you will be contacted & if not selected this time we will try to include them next time.

Greeter

Reader

Gift Bearer

Musician

PARENT VOLUNTEER OPPORTUNITIES:

Your participation is the only way our program is successful.

- Chaperone
- Beverages/Snacks & I will bring _____ to the Event
- Audio/Visual Set Up
- Room Set Up Room Clean Up

Name: _____ Email: _____ Phone: _____

You are representing the Archdiocese of Indianapolis, the North Deanery, and St. Thomas Aquinas Catholic Church during this program. It is expected that you will display mature and responsible behavior, which has for many years been the trademark of Catholic youth.

I understand and agree to behave appropriately and understand that my parents or guardians will be notified at the time of infraction and my parents will be responsible for my being immediately picked up.

My child, _____, will participate in STA Youth Ministry Christmas Movie Night. I hereby release and indemnify the Youth Minister, staff, volunteers, and the Archdiocese of Indianapolis from any liability from claims of any kind or nature whatsoever from my child's participation in this event.

I grant the permission of First Aid to be given to my child by the people in charge of the event, and those transporting any child to and from the program as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of serious illness or accident, and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult to hospitalize, secure proper treatment for and order injection, anesthesia or surgery, if deemed necessary for my child.

Parent/Guardian Signature

Date

Health Insurance Policy No: _____ Name on Policy: _____

Primary Physician: _____ Phone Number: _____

Parent/Guardian: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____