

TRI-PARISH (IHM, SJOA, STA) JR. HIGH YOUTH MINISTRY GATHERING

Saturday, March 14, 2015

For Grades 6th-8th

1. Mass 5:30PM at St. Joan of Arc

2. Pizza 6:30PM at St. Joan of Arc

3. Ice Skating~ 7:30PM-9:30PM

(Planning to meet at SJOA ~ 5:15PM & leave SJOA ~7:15PM for Coliseum)

(Planning to leave Coliseum ~9:30PM & arrive at STA ~9:45PM)



*1202 E. 38th St.
Indianapolis, IN
317-927-7536*

The cost is **\$13** per person.

*In order to secure our reservation we must have the completed registration & payment by Mail or dropped off to STA by **Friday, March 6th** so that a group payment arrangement can be made. *

Join us for 5:30PM Mass at St. Joan of Arc on Saturday, March 14th. We will have a special area saved for us. After Mass, we will head downstairs for pizza and conversation, then at 7:15PM off to the Fairgrounds for ice skating at the new Youth Arena. We will arrive back to STA at 9:45PM.

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

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

Youth Name: _____ Grade: _____

Parent(s)/Guardian(s) Name(s): _____

Email (For ticket & time confirmation): _____

Home Phone: _____ Cell Phone: _____ Emergency Phone: _____

We need parents to drive and help chaperone at the Ice Skating Rink.

PARENT VOLUNTEER OPPORTUNITIES:

Your participation is the only way our program is successful.

- Chaperone & I have/have not completed Safe and Sacred Training
- Transportation to the Event & I can transport _____ Youth & will be at SJOA by 7:05PM
- Transportation from the Event & I can transport _____ Youth & will be at the Coliseum by 9:15PM

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.

Youth Signature

Date

My child, _____, will participate in the Tri-Parish Jr. High Youth Event. I hereby release and indemnify the Youth Ministers, 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 understand that my child will be traveling in a parent's car back and forth.

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.

_____ I give permission for my child's picture to be used on Parish bulletin boards and Parish websites.

Parent/Guardian Signature

Date