



We Invite You to



# GIVE BACK



at the Thanksgiving Dance for Teens  
to Young Adults with Special Needs  
**It's Easy! It's Fun!**



**Saturday, November 10**  
**St. Mary's Visitation School Gym**  
13000 Juneau Blvd. ~ Elm Grove

**Volunteers needed 5:00 - 9:30pm!**

**Visit Signup Genius – Make Thanksgiving Dance Happen! –**  
**or visit Teen Ministry at [www.stmaryeg.org](http://www.stmaryeg.org)**  
This event qualifies for 5 service hours



For more information,  
**[SMVThanksgivingDance@gmail.com](mailto:SMVThanksgivingDance@gmail.com)**

Sponsored by SMV Youth Ministry

# St. Mary's Visitation Youth Ministry

## Volunteer for Thanksgiving Dance Party – November 10th, 2018

### Registration/Permission Form and Parent/Legal Guardian Agreement

CHILD/WARD: \_\_\_\_\_ Volunteer Email: \_\_\_\_\_

PARISH/SCHOOL: St. Mary's Visitation Parish

DESIGNATED SUPERVISOR OF ACTIVITY: Jenny Moyer - (414)-248-3310

DATE AND TIME OF ACTIVITY: SATURDAY, NOVEMBER 10, 2018 5-9:30 PM

LOCATION: SMV School Gym

**I consent** to the participation of my CHILD/WARD in the above name ACTIVITY. In consideration for my CHILD/WARD'S participation, **I agree** to reimburse and indemnify the PARISH/SCHOOL (understood to include The Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by PARISH/SCHOOL in defending a lawsuit that I or my CHILD/WARD may bring against the PARISH/SCHOOL which relates to the above-named ACTIVITY if the PARISH/SCHOOL is found not legally liable by the courts and prevails in the lawsuit. If the PARISH/SCHOOL is found legally liable for injuries sustained by CHILD/WARD, this paragraph will not apply. **I certify** that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my CHILD/WARD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH/SCHOOL to clarify any concerns questions about the ACTIVITY or this agreement that I may have had. **I also agree** that I will review with my CHILD/WARD the importance of abiding by the signed code of conduct (most importantly, in regards to tobacco/alcohol/drugs and sexual misconduct being prohibited from the retreat).

**Picture release:** I agree my CHILD/WARD may be photographed for program purposes while participating with St. Mary Youth Ministry and such photos may be used in promotional publications or posted on the Parish Website.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Parent Cell# \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, **I give permission** to transport my CHILD/WARD to a hospital for emergency medical 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 \_\_\_\_\_ Phone # \_\_\_\_\_

**Please Furnish Medical Information** about your CHILD/WARD which may be pertinent to his or her participation in the above identified

ACTIVITY: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone# \_\_\_\_\_

**BRING THIS FORM TO THE DANCE OR THE SMV PARISH OFFICE**

**ATTN: Elizabeth Harrison**

This form has been prepared by and is required by The Archdiocese of Milwaukee's Protected Self-Insurance Program. Questions

should be directed to Catholic Mutual Group at 255-6906.