

St. Patrick/St. Michael – *High School & Middle School*  
February 19<sup>th</sup> 2010, 10:00pm – 6:00am

**PERMISSION SLIP AND \$30.00 DUE NO LATER THAN FEBRUARY 12TH**

**Who:**All middle and High Schoolers are invited to a night of fellowship, food, games, and lock-in at UltraZone Laser tag. **Cost:** \$30.00

**What:** This Lodi Area Church sponsored event will include youth from several churches in Lodi and will begin at Lake Wisconsin Evangelical Church at 10:00pm. We will join others in games and food until midnight, at which time we will travel by bus to Ultrazone for laser tag from 1:00-5:00am. We will then return to Lake Wisconsin Church by 6:00am.

**When:** Friday February 19<sup>th</sup> – Saturday February 20<sup>th</sup>

Contact: Randy Henderson, Director of Youth Ministry: 608-592-5711

Name of youth \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Family Physician/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Pertinent medical information (medications, allergies, etc.) \_\_\_\_\_

If I as parent/legal guardian cannot be reached, the following person is authorized to act in my behalf:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

I hereby consent to participation by my son/daughter named above, to participate in this St. Patrick Youth Activity. I understand that the event will take place at Lake Wisconsin Evangelical Church and Ultrazone in Madison Wisconsin. As parent/legal guardian, I remain fully responsible for any actions taken by the named youth. I hereby hold harmless Lake Wisconsin Church, St. Patrick Parish, the Diocese of Madison, its officers, directors and agents, and all employees and chaperones associated with this event. In the case of emergency, I hereby give permission to transport my child to a hospital/clinic for emergency treatment or surgery.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

YES, I can serve as an adult volunteer for this event (    chaperone    activity leader)

I, as a youth participant in this activity, agree to follow all the rules of the event.

Youth signature: \_\_\_\_\_ Date: \_\_\_\_\_