

***Junior High SERVICE DAYS-July 9th & 10th**

REGISTRATION & PERMISSION SLIP

Registration is limited to 30 students and is due by June 10th (or before) until 30 spaces are filled.

1. Name _____ Gr 2019-2020 _____ Tshirt Size _____

2. Name _____ Gr 2019-2020 _____ Tshirt Size _____

Tshirt Sizes are: YM/YL/ADsmall/ADmed/ADlg/ADxl

Family Email Address _____

Home Phone _____ Cell # Parent 1 _____

Cell # Parent 2 _____

If a parent cannot be reached please provide name & number of an emergency contact:

Name _____ Number _____

Payment of \$30/per child is due by June 10th and is enclosed in the form of:

Cash _____ Check _____ # _____

Dear Service Coordinator,

I, _____ am the _____ of

(Name of Parent/Guardian)

(Father, Mother, Custodial Parent, Legal Guardian)

_____ a participant in the Junior High Service Days.

(Participants Names)

I hereby grant permission for the above-name child to attend the Summer Service this July 9th from 8am-6pm and July 10th from 8am-7pm (or you are encouraged to attend EXALT which will be over at 9PM) Activities will be at St. Helen Church in Newbury, OH and community service throughout Geauga County & surrounding area. I understand that the fee includes meals, transportation to work sites, activities, and giveaways. I consent to my child's participation in this 2 day service project and I understand that people will get to the place of the trip by cars or vans driven by adults (over 21 only).

In consideration of the child being allowed to participate in the trip, on behalf of my child, my spouse, and myself, I hereby assume all risks in connection with service done, activities and transportation to and from work sites and activities and I further release, discharge, and/or otherwise indemnify the Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, employees and volunteers from all claims, judgments, liability by or on behalf of my child, myself and my spouse for any injury or damage due to my child's participation in the 2 day summer service including all risks connected therewith whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child.

I fully understand what is involved in this service project and I understand that I have the opportunity to call Lisa McMahon at the parish (440) 564-7125 ext 243 and ask her about the service project.

(Parent/Guardian Signature)