

6th Grade Fun Night

TRANSFIGURATION Parent/Guardian Consent Form and Liability Waiver

Date: Saturday, September 14, 2019

Location: Transfiguration FLC Youth Room and Gym

Who: 6th Grade Students and friends

Time: 6:00 p.m. - 9:00 p.m.

Emergency contact: Theresa Brader, 919-632-7151 and Sheila Murray, 770-243-3986

Cost: Free! (Pizza will be available for purchase at the event at \$1.00 per slice.)



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Return form to the Religious Education office September 11th or bring with you the night of the event.

Participant's name: _____ Grade: 6

Parent/Guardian name: _____ Parent Cell phone: _____

Parent email (please print legibly): _____

Emergency/Medical Information

Emergency Contact Person (if the parent cannot be reached): _____

Cell Phone: _____ Relationship to participant: _____

Please note any special medical problems, allergies, or limitations the chaperones will need to be aware of: _____

Do we have permission to give over the counter medication if deemed appropriate? Yes No

Volunteers needed: I can chaperone: YES NO

Teen Code of Conduct – SIGNATURE REQUIRED

In signing below, I agree to abide by all policies and rules established for this event. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the event and being sent home at my parent's expense.

Basic rules/expectations include, but are not limited to, the following: Respect for all adult leaders, peers, and all property; No illegal drugs, alcohol, underage smoking, firearms, explosives, or other illegal substances; Males and females are to remain in separate sleeping spaces at all times; No inappropriate physical/sexual activity; Appropriate attire to be worn at all times. Other guidelines may be set forth accordingly by adult chaperones present for the event.

Participant signature: _____

Parent Release – SIGNATURE REQUIRED

I (Parent/Guardian above) grant permission for my child (Participant above) to participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from the parish. A brief description of the activity is given above. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Transfiguration Catholic Church, its officers, directors and agents, and the Archdiocese of Atlanta, Georgia, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Atlanta, chaperones, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I (Parent/Guardian above) grant permission for a parish representative to transport my child (Participant above) to the nearest hospital or medical facility in the event of a medical emergency.

Parent/Guardian signature: _____ Date: _____

For office use

Payment amount: _____ Cash (✓): _____ Check #: _____ CC (✓): _____ Type: _____ Rec'd by: _____ Date: _____