



INSANITY NIGHT

AUGUST 25-26

INCOMING 6TH - 12TH GRADE

**BLACK-LIGHT DODGE BALL / ROCK CLIMBING / DRIFT TRIKES / RAPPELLING
SWIMMING / FOOTBALL / BASKETBALL / MOVIES / GAMES
CAMPFIRE / FOOD / SURPRISES & MORE!**

nicole@saintteresacalcutta.org

REGISTRATION DUE AUGUST 12TH

Saint Teresa of Calcutta Parish



PARENT/GUARDIAN PERMISSION SLIP

DESCRIPTION OF ACTIVITY

Event: Insanity Night

Location: Black Diamond Camps; Auburn WA

Drop off/ pick up: Saint Teresa, 5pm Mass (26th) / 8:30am(27th)

Person in charge: Nicole Wynn; nicole@saintteresacalcutta.org

Date / time of event: August 26-27

Mode of transportation: Charter Bus

Cost: \$65

Permission slips are DUE-

August 12th

Child's Name: _____ Age: _____

Grade: _____

Address: _____

Mom's Name / Cell: _____

Dad's Name / Cell: _____

Parent's Email (print): _____

Allergies/Special needs: _____

Medical insurance company: _____ Policy #: _____

Doctor's name: _____

Emergency Contact Information (if parents cannot be reached):

Name: _____ Phone: _____ Cell phone: _____

Name: _____ Phone: _____ Cell phone: _____

Photo Release :

I give permission from my child's photo to be used on the St. Teresa website , or on Social Media. _____

PARENTAL AUTHORIZATION

Dear Parent or Legal Guardian:

Your son/daughter/individual under your guardianship is eligible to participate in an activity that requires transportation away from the parish site. This activity will take place under the guidance and direction of lay ministers & staff from Saint Teresa of Calcutta.

If you desire your son/daughter/individual under your guardianship, to participate in this particular event, please complete, sign and return the following statement of consent and release of liability by August 12th

I hereby consent to participation of _____, my son/daughter/individual under my guardianship, in the event described above. I fully understand that this event will take place away from the parish grounds and that my child will be under the supervision of the designated staff and/or volunteers on the stated dates. I understand that such an undertaking involves an element of risk. I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Corporation of the Catholic Archbishop of Seattle, staff, volunteers, and drivers from any and all liability that may arise out of participation in this activity. I also give consent for emergency medical treatment if necessary. I do request that, if possible, I be contacted prior to treatment. As parent/legal guardian, I remain fully responsible for any legal responsibility which may result from any personal actions taken by the named participant. Finally, my child and I have read and understand fully the attached Code of Behavior for Youth Participants in Events and Activities sponsored by the Catholic Archdiocese of Seattle. I consent further to the conditions stated above, including the method of transportation.

Parent/ legal guardian's signature: _____ Date: _____