

HAVEN DINNER AND GAME NIGHT



CANDY
LAND

May 20, 2018
3:30 pm – 6:30 pm

All high school students are invited to join as we serve a taco dinner and play board games with the children at the Haven Shelter in Pontiac.

Permission slips are required and are on the parish website, youth ministry tab
www.stmarymilfordmi.org

**** RSVP by : Monday, May 14th

QUESTIONS OR NEED MORE INFO? Call JV at 248-685-1482

HAVEN Board Game Night (May 20, 2018)

Dear Parents of Legal Guardian:

Your son/daughter is eligible to participate in a St. Mary sponsored activity requiring transportation to a location away or from parish facilities. This activity will take place under the guidance and the supervision of staff from St. Mary.

NAME OF EVENT: HAVEN Board Game Night

DESTINATION: Pontiac, Michigan

DESIGNATED ADMINISTRATOR OF ACTIVITY: Judy Vance (JV) j.vance@stmarymilfordmi.org

PHONE: 248-685-1482

DATE & TIME OF DEPARTURE: Sunday, May 20, 2018 (3:30pm)

Cost: 2-Litre bottle of pop

TIME OF RETURN: Sunday, May 20, 2018 (6:30pm)

Method of TRANSPORTATION: Parents- driving

HAVEN Board Game Night (Sunday, May 20, 2018)

I hereby consent to participation of my child _____

In the event described above. I consent to the conditions on this form and the method of transportation. In consideration of my child being allowed to participate in this event, I covenant not to sue or bring any course of action against any affiliated entity, employee, or agent for any claim caused by it or them, whether negligently or otherwise, arising out of or relating to my child's participation in this event. I also agree to indemnify, including attorney's fees, and hold harmless the parish and any affiliated entity, employee, or agent from any and all claims caused by the negligence or otherwise of it or them arising out of or relating to my child's participation in this event.

(print Parent/Legal Guardian Name)

(Parent /Legal Guardian Signature)

Date: _____ Phone # _____ Emergency Phone # _____

Address: _____ City: _____

Health Insurance Co: _____ Policy # _____

Name of Doctor (in case of emergency) _____ Phone # _____

Allergies: No _____ Yes _____ Please explain: _____

Yes, I would like to chaperone the HAVEN Board Game Night

Name of adult participant: _____ Phone # _____

How many people (including driver) available in vehicle: _____

I understand that photography and/or video of participants may be procured during the event. Pictures may appear in the bulletins and newspapers as well as on the website. Please initial below.

I approve of my child's picture to be published in the bulletin and/or on the website.

I DO NOT APPROVE of my child's picture to be published in the bulletin and/or website.