

PERMISSION SLIP
Christmas Caroling and Pizza Night
Tuesday, December 16, 2014
*****\$10.00 Per Person*****

Meet at the Long Beach Care Center, 2615 Grand Ave., Long Beach, 90815 (West of Lakewood Blvd) at 6pm.
Pick up at 8:00 p.m. at St. Joseph Parish Hall.

I, _____ give permission for my son/daughter _____
(please print first and last name) (please print first and last name)
to participate in St. Joseph Religious Ed. Service Project to be held at Long Beach Care Center (address above).

As a condition of participating in this activity, I hereby release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corp. and the school and parish, their respective employees and any parent/volunteer chaperone, from any and all claims for personal injuries, wrongful death or property damage that my son/daughter may suffer as a result of participation in the activity described above, whether or not such injuries or damage are caused by the negligence (active or passive) of the Archdiocese, the parish, the school or their employees or chaperones.

SIGNATURE: _____ DATE: _____

AUTHORIZATION OF MEDICAL TREATMENT

Youth's first and last name

Grade

Address

City, State

Zip Code

Insurance Company: _____ Policy Number: _____

Specific medical allergies, chronic illness or other conditions:

My child has no medical condition that would render it inappropriate for him/her to participate in this activity. Should it be necessary for my son/daughter to have medical treatment while participating in this activity, I hereby give the responsible personnel or chaperones permission to use their judgment in obtaining medical service, and I give permission to the physician selected by the personnel or chaperone to render medical treatment deemed necessary & appropriate by the physician. I agree to relieve the church & other participating adults from any liability in connection with this request.

I understand that the insurance benefits through the parish, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to indemnify and hold the church harmless from the cost of any medical treatment and related expense and cost incurred.

Parent/Guardian Signature: _____ Date: _____

Home phone: _____ Cell: _____ Email: _____

Please initial:

____ Yes, my child may be photographed at the event for sole use by St. Joseph. (not for internet sharing or social networking sites)

____ Yes, I understand that I will be asked to immediately pick up my child if he/she does not abide by the stated Behavior Guidelines. *(see back)

***Behavior Guidelines:**

- No bullying or rough housing
- No inappropriate language
- No inappropriate attire (I.e. backless, strapless, minis or shirts with inappropriate slogans or symbols)
- No use or possession of illegal substances including tobacco products, drugs or alcohol
- No weapons of any kind, including pocket knives
- No inappropriate public displays of affection
- No leaving the premises for any reason

Don your favorite Christmas sweater...
Grab your Santa hat...
And join Religious Ed. as we share our Christmas Spirit!

Tuesday, December 16

6:00 O'clock

at

Long Beach Care Center

2615 Grand Ave., Long Beach, CA 90815
(West of Lakewood Blvd., around the corner from the JCC)

Then we'll head back to...

St. Joseph Hall

To have some more Christmas fun!

\$10.00 Per person

The whole family is welcome!

****Pick up time is 8:00pm at St. Joseph Hall**

