

DATE: Sunday, March 27, 2011
 Leave St. Peter's at noon
 Return by 7:00pm
 (includes afternoon snack)

Mr. Mary College
 2900 N. Menomonee River Parkway
 Milwaukee, WI 53222
 (Enter on North 92nd St., South of Burleigh)

Worship led by:
SONAR

Wisconsin Catholic Youth Rally 2011
"Middle School Edition"

For more info contact
 Youth Ministry at 284-2102
 or partyouth@catholic.org

Speaker/Musician:
Steve Angrisano

"A day of engaging fun, dynamic presentations, uplifting music, and a Youth Liturgy with Eucharistic procession open to all 6th-8th grade teens and their adult leaders"

COST: \$20/person if registered by March 16th, \$25/person after that date

PARENT/LEGAL GUARDIAN PERMISSION AND INDEMNITY AGREEMENT

Name of Son/Daughter/Ward _____

Parish/School: St. Peter of Alcantara/St. Mary's/Immaculate Conception Youth Ministry

Designated Supervisors of Activity: Youth Ministers and adults whom she designates

Activity: Wisconsin Catholic Youth Rally Middle School Edition at Mount Mary College

Date(s) and Time of Activity: Sunday, March 27, 2011; Depart St. Peter's at 12:00pm.; return by 7:00p.m.

Method of Transportation: Private vehicle

Student Cost (If Applicable): \$20.00 if returned by March 10; \$25 if returned between March 10-25

Registration Deadline: March 25, 2011

I consent to the participation of my SON/DAUGHTER/WARD in the above named ACTIVITY.

In consideration for my SON/DAUGHTER/WARD's participation, I agree to reimburse and indemnify the PARISH/SCHOOL (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by PARISH/SCHOOL in defending a lawsuit that I or my SON/DAUGHTER/WARD may bring against the PARISH/SCHOOL which relates to the above named ACTIVITY if the PARISH/SCHOOL is found not legally liable by the courts and prevails in the lawsuit. If the PARISH/SCHOOL is found legally liable for injuries sustained by SON/DAUGHTER/WARD, this paragraph will not apply.

(OVER)

Please complete the portion below and return to the Youth Ministry office. Detach and save the top portion for your information.

I certify that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my SON/DAUGHTER/WARD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH/SCHOOL to clarify any concerns of questions about the ACTIVITY or this agreement that I may have had.

PARENT/GUARDIAN'S NAME(S): _____

HOME ADDRESS: _____

HOME PHONE: (____) _____ CELL PHONE (____) _____

Signature _____ Date _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

NAME & RELATIONSHIP: _____ PHONE: (____) _____

Please furnish medical information about your CHILD/WARD which may be pertinent to his or her participation in the above identified activity: _____

PLEASE RETURN THIS COPY BY: **March 25, 2011** **Youth Ministry Office Copy**