

Calling all Middle & High School Students

You are invited to: March's Youth Event

Date: Sunday, March 14, 2010

Mass: 10:00 am

Activity: Laser Tag at Badger Sports Park

Meal: Donuts, Milk & Juice (Before we leave)

Pizza and Soda at Badger Sports Park

Time: Following 10:00 am Mass until about 2:45pm

Price: \$15.00/Person

*Come Join Us
For Some Laser Tag Fun!!!*



RSVP Must Be Received By: Thursday, March 11, 2010

To: Ann Heraly at 469-1329

Permission Slips, Emergency Contact Forms & Media Release Forms

Scroll down for forms

These need to be filled out and turned in if attending.

MAIL THIS WITH CHECK TO:
ANN HERALY
2782 HELSINKI ROAD
GREEN BAY, WI 54311

OR DROP OFF AT PARISH
OFFICE IN AN ENVELOPE
ATTN: ANN HERALY



PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER
(Ref. Policy 5030)

Participant's Name: _____

Date of Birth: _____ **Sex:** _____ **Phone Number:** _____

Parent/guardian's Name: _____

Home Address: _____

I, _____, request that Prince of Peace Catholic Community to allow my
(Parent or Guardian Name)

son/daughter: _____ (child's name) to participate in this parish activity that may require transportation to a location away from the parish site. This activity will take place under the guidance & direction of parish employees and/or volunteers from Prince of Peace Catholic Community.

A brief description of the activity follows:

Date: March 14, 2010

Activity/trip: Badger Sports Park (Appleton, WI)

Cost to student: \$15.00 (Make checks payable: Prince of Peace)

Purpose of Trip: Fun & Fellowship

Duration of Activity: Following 10:00 am Mass until about 2:45pm

Mode of transportation: Private Vehicle

Individual(s) in charge: Ann Heraly (469-1329)

As parent and or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Prince of Peace Catholic Community, its officers, directors, agents, the Catholic Diocese of Green Bay, coaches, chaperons, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ **Date:** _____
(Parent/Guardian)



Catholic Community

Youth Ministry Emergency Information Form

Family Name: _____

| Student Name | Date of Birth | Grade |
|--------------|---------------|-------|
| | | |
| | | |
| | | |

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

| Alternative Contact Person | Relationship | Phone Number |
|----------------------------|--------------|--------------|
| 1.) | | |
| 2.) | | |

Physician's Name: _____ Phone #: _____

Preferred Hospital: _____

Unusual Health Conditions We Should Know About: _____

If emergency treatment is required, and the parents/guardians/alternative emergency person listed cannot be reached immediately, your signature empowers the parish authorities to exercise their own judgment in calling the physician indicated above, or to have the child transported to a hospital emergency room. Likewise, your signature below authorized the release of medical records pertinent to such an emergency room visit. *This is a general authorization and is not sufficient for the release of confidential information protected by Federal Law.*

Parent/Guardian Signature: _____ Date: _____



Catholic Community

PROMOTIONAL/MEDIA RELEASE

(Ref. Policy 5025)

Prince of Peace Youth Ministry may reproduce or participate in videotape, motion picture, audio recording, web posting or still photograph productions that involve the use of students' names, likeness or voices. Such productions may be used for educational or exhibition purposes by Prince of Peace Youth Ministry and may be copied, copyrighted, edited and distributed by Prince of Peace Youth Ministry.

News media, including representatives of television, radio, newspapers and magazines, also may be permitted on school/parish property and may take notes, still photos, sound recordings and/or moving pictures that may include your child. These items may appear or be used in new or feature stories by print, television, website posting or radio media.

By completing the form below and returning it to the Prince of Peace Youth Ministry, you are giving consent. If you have any questions, please contact the Prince of Peace Youth Ministry Leaders, Ann Heraly at 469-1329 or Kathy Walczyk at 469-1891.

I, _____, the undersigned, do hereby consent that
(Please Print – Parent/guardian)

Prince of Peace Youth Ministry may use the name, portrait, or other likeness of my child for news releases, media and promotional activities.

This consent is renewed at the beginning of the current school year.

Student's Name

Grade

(Parent/guardian) Signature: _____

Date; _____