



All Teen gr 7 - 12

Holyday



Begins Fri, Jan 4, 2019

7:00pm Cost: \$15

Covers pizza, drinks, snacks and games
Checks may be made out to St. Cecilia Parish



Join us for fun and prayer over Christmas break!

How will it work out?

Grades 7-8 attend from 7-11pm

**Grades 9-12 attend from 7pm
to Sat, 8:00am**



Information:

7:00pm: Doors Open for Arrival (close @ 9:00pm)
St. Alphonsus Church, 411 N. Wheeling, PH
11:00pm: Doors Open for Departure of gr 7-8
8:00am: Doors Open for Departure of gr 9-12

Things to Bring (all grades):

- Snacks/Desserts to share, favorite games to play
- Movies to watch (per youth minister approval!)

High School only:

- Sleeping Bag, Blanket and Pillow, Air mattress recommended
- Toiletries (toothbrush & toothpaste is a MUST!)
- Change of clothing to sleep in and for the morning

Bring a friend too! They do not have to be a parishioner but they do need to register. Grab an extra form for your friends!

Permission forms are due by Thurs, December 27, 2018 **Space is limited!**

Questions? Contact Kathy McGourty at 847.255.7452 or email
youthministry@stceciliamtprospect.org

Youth Permission Form Completed by Parent/Guardian for
All Teen Holyday Party ~ January 4, 2019
THE FOLLOWING FORM MUST BE COMPLETE FOR EACH PARTICIPANT

I give permission for my son/daughter (PRINT participant's name) _____ (____) _____
First Last Gr

to participate in the Jan 4, 2019 Holyday event sponsored by TCIA Youth Ministry. I hereby release and indemnify the Archdiocese of Chicago, St. Cecilia Parish & St. Alphonsus Parish for this event, its staff and volunteers; and the Catholic Bishop of Chicago, a Corporation Sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in the program. I understand that if my child violates any laws regarding possession of alcohol or drugs, or rules governing the event, I will be called and notified about situation and/or arrangements made to send my child home at my expense.

_____ parent phone _____ parent e-mail address _____

Yes _____ No _____ Sts. Cecilia & Alphonsus Parishes may use photographs/videos of my child at this event for promotion in the bulletin/parish website/parish Facebook page

_____ Student Signature _____ Parent/Guardian Signature _____ Date _____

MEDICAL AUTHORIZATIONS

In the event that the undersigned cannot be reached, and in the judgment of the responsible adults or other appropriate staff members accompanying the group. If there is a necessity for immediate examination and/or treatment of my child. I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

I GRANT PERMISSION for the adult chaperons for this event to administer non-prescription drugs as needed for my teen (aspirin, ibuprofen, antacids, etc.) _____ YES _____ NO

EMERGENCY CONTACT

NAME OF EMERGENCY CONTACT _____

Relationship _____ Phone No. () _____

NAME OF PHYSICIAN _____ Phone No. () _____

Address _____ City _____ State _____ Zip _____

INSURANCE INFORMATION

Policy in the Name of _____ Policy # _____

Insurance company _____ ID # _____

HEALTH INFORMATION

Allergies: _____ Current Med _____

Other Comments _____

Return this completed form to the parish office by Thurs, Dec 27, 2018
Checks should be made out to: St. Cecilia Parish