

Jr. High Spring Fling Dance

Hold Harmless/Consent to Treat/Parental Consent

Participant's Name _____

Parent/Guardian Name _____

Home Phone _____ Emergency Phone _____

Allergies or other special conditions that apply to participant:

I, the undersigned parent/legal guardian of _____ request that my child be
(name of participant)
allowed to participate in the junior high Spring Fling dance at the grade school gym on May 3
from 7:30 pm – 10:00 pm.

I do hereby agree to hold harmless and indemnify the Diocese of Springfield, St. Francis of Assisi parish, and any and all of its agents, employees, chaperons, drivers, coaches or other adults acting as official agents of the above-named parish and diocese from any prosecution resulting from the injury/death of my child as a result of participation in this activity.

Further, in the event of injury to my child, and I cannot be reached, I hereby give permission for necessary medical treatment to be performed by a physician should the need arise.

I also indicate by my signature that I have been informed of the details of this event and that I hereby request that my child be allowed to participate in the stated event. I also give permission for my child's photo to be taken at this event for ministry or publicity purposes.

Additional Details...

*Celebrate Spring at the junior high Spring Fling dance on **May 3 from 7:30 pm – 10:00 pm** in the grade school gym. Cost is \$5.00. Feel free to bring snacks to share with the group. Soda & water will be provided. ALL STUDENTS from UNIT 50 are welcome to attend this dance. All students who attend need this permission slip to turn in on the night of the dance. Parents, please call the High School Religious Ed Office at 857-1500 if you'd be willing to chaperon this dance.*

(Signature of parent/guardian)

(date)