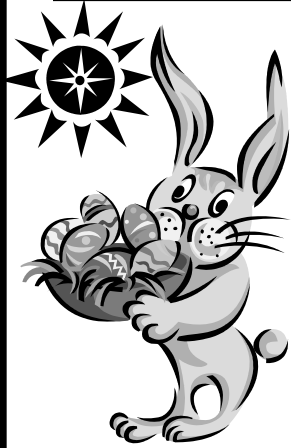


# Easter Day of Fun!



Have last minute Easter preparations you need to do?  
Drop your kids off!  
The babysitting is on us!

The Youth Councils invite your kids on

Saturday, March 31  
from 8:30 am—10:30 am  
at the TGS Gym

(Please drop kids off and pick them up from the gym.)

We'll have an Easter egg hunt, kids games & fun activities for kids from ages 4—12!

\*\*To insure we have adequate supervision, we ask that all kids be pre-registered.

To register your kids, please call the high school religious ed office  
at 857-1500 by March 24. Jr. High & HS students are encouraged to sign up as helpers!

A permission slip needs to be filled out  
and turned in to us the day of babysitting! The cost is free.

Happy Easter!

Check out the  
CCW Bake Sale  
at Weber's from  
8 am - 12 pm!

## Hold Harmless/Consent to Treat/Parental Consent

Participant Name(s) \_\_\_\_\_ Age(s) \_\_\_\_\_

Helper's Name(s) (7th grade or older) \_\_\_\_\_ Age(s) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Emergency Phone (if above numbers cannot be reached) \_\_\_\_\_

Allergies, Handicaps or other special conditions that apply to participant(s):  
(Please let us know any food allergies at the time of registration)

I, the undersigned parent/legal guardian of \_\_\_\_\_ request that my child be allowed to participate in the  
(name of participant)

Easter Day of Fun on Sat. March 31, 2018, at the Teutopolis Grade School Gym & St. Francis of Assisi Church grounds in Teutopolis. 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 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 sickness or 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 photograph from this event to be used in future ministry/publicity settings.

\_\_\_\_\_  
(signature of parent/guardian)

\_\_\_\_\_  
(date)