



JR. High Valentine's Dance

Hold Harmless/Consent to Treat/Parental Consent

Participant's Name _____

Parent/Guardian Name _____

Home Phone _____ Cell 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 Jr. High Valentine's Dance at Teutopolis Grade School Gym on
Saturday, February 16, 2019.

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...

The dance will run from 7:30- 9:30 pm in the grade school gym. Cost of the dance is \$5.00 which includes soda & snacks for the night. We'll have great music (same DJ as the Halloween Dance) and "Crush Soda Valentines" that you can send to friends for \$1. We will provide soda and snacks, but students are always welcome to bring cookies or chips to share. Money and this permission slip should be turned in the night of the dance.

(Signature of parent/guardian)

(date)