

CALLING ALL HIGH SCHOOL STUDENTS:

Sunday, January 15th

7pm – 11pm

Franciscan Renewal Center * 5802 E. Lincoln Dr. * Scottsdale AZ 85253

Video Game truck, Laser Tag, Hamster Ball, Games,
Food (Burgers, Hot Dogs, Chips, Soda) & More...

All for only \$10!



2012

AREA WIDE HIGH SCHOOL SPRING SEMESTER SOCIAL



Forms can be returned to your youth minister prior to the event or you can bring them with you that night.

(Due to the nature of this event, you will not be able to participate without submitting the necessary forms & payment prior to, or at the event. This is a closed campus event, there is no re-entry allowed if you leave early.)

- We will be ending with a time of prayer in the Church -

Medical Release/General Permission/Photo Slip: Semester Kick-off

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Parish _____ Birth date _____ Grade _____ Gender _____

Email Address _____

Parent/Guardian's Name _____ Phone _____

Parent/Guardian's Name _____ Phone _____

EMERGENCY CONTACT IN THE EVENT THE PARENT(S) CANNOT BE NOTIFIED:

Name _____ Phone _____

Doctor's Name _____ Dr.'s Phone _____

Insurance Company _____ Policy # _____

Please review & Sign Both:

I request that my son/daughter participate in the area wide semester Kick-off, Sponsored by the Franciscan Renewal Center, in conjunction with other churches in the area. This activity will take place on Sunday January 15, 2012 from 7pm-11pm at the Franciscan Renewal Center. I understand that reasonable precautions will be taken to safeguard the health and well being of my son/daughter and that I will be notified as soon as possible in the event of an emergency. In case of any sickness or accident, I authorize and consent to any x-ray, exam, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care to be rendered to my son/daughter under the general or specific supervision and on the advice of any physician, dentist, or surgeon licensed to practice. I further understand and agree to be responsible for any such medical, dental or hospital expenses incurred. Further, in the event of sickness, injury or accident, I will not hold The Church of Our Lady of the Angels, The Franciscan Renewal Center, the Franciscan Province of St. Barbara, the Diocese of Phoenix, or any youth leader responsible. I further agree to arrange for or provide transportation to and from the youth program including any event in which my child must leave the event prior to its conclusion due to sickness, injury, accident, or my child's actions or behavior.

Date _____ Parent/Guardian _____

I hereby grant my consent to use and release to: the Franciscan Renewal Center & The Catholic Diocese of Phoenix the use of my name and or my likeness or my teen's name or likeness, whether in still, motion pictures, audio or video tape, photograph and/or other reproduction of me or my child, including voice and features, with or without names, of any promotional purposes involving the diocese or parish or program, news feature stories in The Catholic Sun or other media or other purpose whatsoever, except for the endorsement of any commercial products. I further agree that the Catholic Diocese of Phoenix may use or cause to be used, these items for any and all broadcasts, publications or reproductions, without limitation or reservation of any fee.

Date _____ Parent/Guardian _____