

ATTENTION 6<sup>th</sup>-8<sup>th</sup> Grade Middle School STUDENTS!  
JOIN US!!

What? Middle School Bowling

When? Saturday, November 28<sup>th</sup>, 2-5 PM

Where? Mr. Biggs, 5825 Mark Dabling Blvd.

Why? To spend time with your St. Francis of Assisi friends!

Cost? \$6.00 per person for 3 games of bowling and shoe rental

**To insure that we have enough adult chaperones and bowling lanes,  
please pre-register by Wednesday, November 25th**

Contact Sheila Castellano, 266-9600 or Amy Seeman 599-5031, ext. 109 for further  
information or to register.

**PLEASE COMPLETE THE FOLLOWING 2 PAGES (PERMISSION SLIP &  
ACTIVITY RELEASE) AND RETURN WITH A CHECK MADE OUT TO  
ST. FRANCIS OF ASSISI PARISH, ATTENTION: AMY SEEMAN**

**PERMISSION SLIP**

I hereby give permission for my child/children \_\_\_\_\_  
to participate in the activity described below:

Type of Activity: Middle School Bowling

Description of Activity: Bowling

Supervisor of Activity: Sheila Castellano & Amy Seeman

Date and Time of Activity: Saturday, November 28<sup>th</sup>, 2-5 PM

Method of Transportation (if applicable): Parents are providing their own transportation

Cost: (if applicable): \$6.00 per person for 3 games of bowling and shoe rental

My child/children has/have no medical or physical limitations which might limit his, her, or their participation in the activity other than those which I have described on the page which I have attached to this Permission Slip. As parent or guardian, I agree that I shall be fully responsible and liable for any injury, harm, or property loss or damage caused by my child or children during the activity. Should my child or children misbehave during the activity, I hereby give permission for the Supervisor of the Activity or his or her designee to direct my child to stop misbehaving, to take "time out," or to be returned home by appropriate means.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Emergency Phone Number (Home)

\_\_\_\_\_  
Emergency Phone Number (Cell)

*Please return this form by November 25, 2009 with the correct fee.*

(3 years retention)

**ACTIVITY RELEASE**

*For those 18 years of age or older, all parents, and all guardians:*

I consent for any of my children listed below to participate in any activity or trip sponsored by the Diocese of Colorado Springs or its affiliates\* (collectively, "the Diocese"). In case of medical need, I authorize the Diocese to arrange for medical or dental services for me and any of my children listed below. I agree that any such expense will be my obligation.

I, individually, and in my capacities as parent, guardian, or next friend of my children:

waive, release, and indemnify the Diocese and its agents, directors, officers, employees, and volunteers (collectively, the "Released Parties") from all claims or liability which have arisen or may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such claims or liability. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct or gross negligence.

This Activity Release is revocable prospectively only by a writing signed by me which bears the date that the revocation is delivered to the Diocese.

\_\_\_\_\_  
Date Signature

\_\_\_\_\_  
Date Signature

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Medical Insurance Company and Policy Number: \_\_\_\_\_

Authorized Medications: \_\_\_\_\_

Family Physician/Emergency Contact and Phone: \_\_\_\_\_

Special considerations or needs (allergies, asthma, etc.) \_\_\_\_\_

*For all those over 14 and under 18 years of age:*

I waive, release, and indemnify the Released Parties as identified above from all claims or liability which has arisen or which may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me or my property.

\_\_\_\_\_  
Date Signature Date Signature

\*"Affiliates" includes all Diocesan parishes, missions, schools, and ministries and also Catholic Charities of Colorado Springs, Inc., Partners in Housing, Inc., Ave Maria Catholic School Corporation, and the Catholic Foundation of the Diocese of Colorado Springs, Inc., Villa San Jose & Villa Santa Maria, Queen of Heaven Cemetery.

ATTENTION 6<sup>th</sup>-8<sup>th</sup> Grade Middle School STUDENTS!

Jumpin' for Jesus!

What? **A Middle School Overnight Retreat**

When? **Friday, December 11<sup>th</sup> 7 PM through Saturday, December 12<sup>th</sup> 8 AM**

Where? **ArtSports, 780 Vondelpark Drive**

Why? **To build our relationship with Jesus!**

We'll jump, eat, jump, pray, jump, pray, jump, and then settle down to watch a video or two!

Cost? **If** Faith Formation **fees have been paid** the cost is **\$12.00**; otherwise the cost is **\$18.00 per person**

**To insure that we have enough adult chaperones & food, the Activity Release page, Permission Slip, AND money are due NO LATER than Thursday, Dec. 10<sup>th</sup> at 4 PM. Call Terri, ext. 107 or email her if you have any questions or concerns. Note: You also need to go to the ArtSports website: [www.artsportsworld.com](http://www.artsportsworld.com) to download their waiver and turn that in with the other paperwork. PLEASE read their waiver carefully before signing!**

Contact Terri for further information: ext. 107 or [terri@stfrancis.org](mailto:terri@stfrancis.org)

Since this is an over-night retreat, please have your youth bring the following items, properly labeled with his/her name:

1. Sleeping bag, pillow
2. Toothbrush/toothpaste
3. PJs
4. Any prescription medicine needed (and let Terri know about the medication)
5. Flashlight
6. Water bottle

**PLEASE COMPLETE THE FOLLOWING 2 PAGES (PERMISSION SLIP & ACTIVITY RELEASE) AND RETURN WITH A CHECK MADE OUT TO ST. FRANCIS OF ASSISI PARISH, ATTENTION: TERRI KOWALCZYK**

**PERMISSION SLIP**

I hereby give permission for my child/children \_\_\_\_\_  
to participate in the activity described below:

Type of Activity: 8<sup>th</sup> grade retreat

Description of Activity: Overnight retreat at ArtSports, 780 Vondelpark Drive, Co. Springs, CO

Supervisor of Activity: Terri Kowalczyk, Director of Faith Formation

Date and Time of Activity: Friday, December 11th 7 PM through Saturday, December 12<sup>th</sup> 8 AM

Method of Transportation (if applicable): Parents will provide their own transportation

Cost: (if applicable): If Faith Formation fees have been paid--\$12.00; otherwise, \$18.00

My child/children has/have no medical or physical limitations which might limit his, her, or their participation in the activity other than those which I have described on the page which I have attached to this Permission Slip. As parent or guardian, I agree that I shall be fully responsible and liable for any injury, harm, or property loss or damage caused by my child or children during the activity. Should my child or children misbehave during the activity, I hereby give permission for the Supervisor of the Activity or his or her designee to direct my child to stop misbehaving, to take "time out," or to be returned home by appropriate means.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Emergency Phone Number (Home)

\_\_\_\_\_  
Emergency Phone Number (Cell)

*Please return this form by October 20, 2009 with the correct fee.*

(3 years retention)

**ACTIVITY RELEASE**

*For those 18 years of age or older, all parents, and all guardians:*

I consent for any of my children listed below to participate in any activity or trip sponsored by the Diocese of Colorado Springs or its affiliates\* (collectively, "the Diocese"). In case of medical need, I authorize the Diocese to arrange for medical or dental services for me and any of my children listed below. I agree that any such expense will be my obligation.

I, individually, and in my capacities as parent, guardian, or next friend of my children:

waive, release, and indemnify the Diocese and its agents, directors, officers, employees, and volunteers (collectively, the "Released Parties") from all claims or liability which have arisen or may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such claims or liability. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct or gross negligence.

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\_\_\_\_\_  
Date Signature

\_\_\_\_\_  
Date Signature

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Medical Insurance Company and Policy Number: \_\_\_\_\_

Authorized Medications: \_\_\_\_\_

Family Physician/Emergency Contact and Phone: \_\_\_\_\_

Special considerations or needs (allergies, asthma, etc.) \_\_\_\_\_

*For all those over 14 and under 18 years of age:*

I waive, release, and indemnify the Released Parties as identified above from all claims or liability which has arisen or which may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me or my property.

\_\_\_\_\_  
Date Signature Date Signature

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ATTENTION HIGH SCHOOL YOUTH  
JOIN US!!

What? **Caroling**

When? **Sunday, December 13<sup>th</sup> 6:30-8:30 PM**

Where? **Meet at St. Francis Parish Hall and then we'll walk around the Peregrine-area neighborhood**

Why? **To socialize with our St. Francis of Assisi friends and to share some holiday joy with others!**

Cost? **It's FREE!**

**To insure that we have enough adult chaperones & food, please sign the Permission Slip and Activity Release form and return to Terri by Friday, December 11<sup>th</sup> at 4 PM.** Contact Terri for further information: ext. 107 or [terri@stfrancis.org](mailto:terri@stfrancis.org)

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**PERMISSION SLIP**

I hereby give permission for my child/children \_\_\_\_\_  
to participate in the activity described below:

Type of Activity: Caroling

Description of Activity: Caroling around the Peregrine neighborhoods & then having hot  
chocolate and cookies at St. Francis of Assisi Parish Hall

Supervisor of Activity: Kathy Shearon & Terri Kowalczyk

Date and Time of Activity: Sunday, December 13<sup>th</sup>, 6:30-8:30 PM

Method of Transportation (if applicable): None provided

Cost: (if applicable): FREE!

My child/children has/have no medical or physical limitations which might limit his, her, or their participation in the activity other than those which I have described on the page which I have attached to this Permission Slip. As parent or guardian, I agree that I shall be fully responsible and liable for any injury, harm, or property loss or damage caused by my child or children during the activity. Should my child or children misbehave during the activity, I hereby give permission for the Supervisor of the Activity or his or her designee to direct my child to stop misbehaving, to take "time out," or to be returned home by appropriate means.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

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Emergency Phone Number (Home)

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Date Signature

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Date Signature Date Signature

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