



MACC HIGH SCHOOL YOUTH  
MINISTRY INVITES YOU TO THE

# *Fall Fellowship Festival*

A night of friends, fellowship, giving back,  
food, and a movie! Be sure to bring a  
blanket or a comfy chair to sit on.

**OCTOBER 28, 2018**

**6:15PM-8:15PM**

**ASSUMPTION BVM**

Please bring something fluffy, something, shiny,  
or something smelly for the mothers at  
Shelterhouse.

PS: Clues to guess what movie we're  
watching are buried on this flyer. If you  
correctly guess the movie, you will win a  
prize the night of the event!



**Youth Ministry Event: Fall Fellowship  
@ Assumption of the BVM Church**

DATE & TIME OF EVENT: October 28, 2018 6:15-8:15

DESTINATION: 3516 Monroe Rd. Midland, MI

DESIGNATED SUPERVISORS OF ACTIVITY: Kathy Russell, Kristyn Russell, Melissa Shields

CHAPERONES: Parents (I am willing to chaperone. \_\_\_\_Yes \_\_\_\_No)

METHOD OF TRANSPORTATION: Parents will bring their child/children to and from the event

I, the parent of: (name) \_\_\_\_\_ (grade) \_\_\_\_\_  
request that Assumption of the BVM Parish, Blessed Sacrament Parish &/or St. Brigid Parish allow my son/daughter age \_\_\_\_\_, to participate in the activity described above. I give permission for my child to participate in said trip. In consideration for my son's/daughter's participation, I hereby release, save harmless and indemnify Assumption BVM Parish, Blessed Sacrament Parish and St. Brigid Parish, their employees, volunteers, agents and any sponsors or benefactors of said trip from any and all liability from any and all injury. I understand that my son/daughter will be under the supervision of the designated supervisor and chaperons on the stated dates and that all parish rules listed below will be in effect. I understand and agree that, if my son/daughter violates a parish rule, he/she will be sent home.

*I am not a member of one of the above mentioned parishes but my son/daughter is friends with: \_\_\_\_\_*

**MEDICAL:** In case medical treatment is necessary and the parents or guardian cannot be located, the following authorization is needed, I (We) authorize the adult advisor in charge to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the state of Michigan.

Allergies: \_\_\_\_\_

Chronic diseases or medical problems: \_\_\_\_\_

Medicines son/daughter is now taking: \_\_\_\_\_

***Medicines that need to be dispensed during this activity must be given to the designated supervisor in its original container with directions and dosage.***

Medical Insurance Carrier: \_\_\_\_\_ Policy/Contract Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

PARENT (GUARDIAN) NAME (please print): \_\_\_\_\_

PARENT (GUARDIAN) SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

(EMERGENCY) \_\_\_\_\_

**FAMILY E-MAIL ADDRESS:** \_\_\_\_\_

\_\_\_ **We do not have an email address, please continue to mail forms and information to our family.**

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**PARISH EVENT AGREEMENT:** Coupling swearing, smoking, drinking, gambling, possession of alcohol, drugs, or firearms are **NOT** permitted at our church youth functions. Any youth found in violation of these rules will have their parents called and will be sent home.

SIGNED (Teen): \_\_\_\_\_ DATE: \_\_\_\_\_

Cell # (teen), if applicable: \_\_\_\_\_