

St. Margaret Mary Parish
 111 S. Hubbard Street, Algonquin, IL
 Phone: 847-658-7881
 Fax 847-658-7882
 Email tlc85@aol.com
 Website: saintmargaretmary.org

OUTINGS

CHRISTMAS CAROLING
 Eastgate Manor, Meet at SMM
 Ministry Center Monday,
 December 9, 2009 6:00-8 PM

Junior High Overnight Retreat
 at St. Peter's Church in Geneva, IL
 Friday, January 15- Sat., Jan. 16
Carpool to arrive by 6:00 PM Friday
 night.

30 Hour Famine
 St. Margaret Mary -McDonnell Hall
 Fri, February 5- Approx 3:30 PM and ends
 Sat., February 6, 2010 after attending 4:30 PM
 Mass. Bring Pledge Sheets.

Bowling For Babies
 Saturday, February 27, 2010
 Noon- 3 PM
 Bowlway 810 Villa, Elgin, IL

Outings Selection Box

| | Time | Cost |
|---|--|-------------------|
| <input type="checkbox"/> Christmas Caroling 12/09/09 | 6:30P 8:00P | \$00.00 |
| <input type="checkbox"/> Jr. High Retreat 1/16 & 1/17/10 | 6:30p 5:00p | \$30.00 |
| <input type="checkbox"/> 30 Hr. Famine 2/5 & 2/6/10 | 3:30P <small>After Feast on 2/6/10</small> | PLEDGE |
| <input type="checkbox"/> Bowling for Babies 02/27/10 | 12:00P 3:00P | \$50.00 Pledge |
| Check # _____ | Total outings _____ | Total Cost _____ |

Youth Ministry Liability Release Form

Participant's Name _____ Birth Date _____
 Address _____ Grade _____
 City _____ State _____ Zip _____ Phone # _____

Parent / Guardian
 1 Form per Participant

Work Phone _____ Cell Phone: _____

I, _____ (Parent Name), give permission to my above named son/daughter to attend **All the Outings Selected in the Outings Selection Box** below.

I hereby release and indemnify St Margaret Mary Parish in Algonquin, IL and its Staff and volunteers and the Catholic Bishop of Rockford from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

I grant permission for the administration of First Aid to my youth by the people in charge of the event, and those transporting my child to and from the event as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery deemed necessary for my child. Finally, I agree to accept any and all financial responsibilities as a result of scheduling medical treatment.

Regular Physician _____ Phone # _____

Insurance Information:
 Insurance Company _____ Policy Holder _____

Policy Number _____ ID/SS# _____

Please list all allergies and/or special medical concerns your child may have. _____

In Case of an emergency, contact: _____

Phone: _____

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This authorization form constitutes permission for my youth's participation in the videotape and or still photographs, which may be used for future promotional efforts, including the Diocese of Rockford website and St. Margaret Mary website.

Code of Behavior: As a participant in this event, he or she is representing our parish during this event and we expect he/she will represent us well. We expect that he/she will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our diocese.

Parent Signature _____ **Date** _____

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring dismissal, I am responsible for my removal for the premises and any costs involved.

If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved

Youth Signature _____ **Date** _____