

MIDDLE SCHOOL AND HIGH SCHOOL YOUTH GROUP

Laser Tag



**Friday, January 19th 6:00pm-9:00pm
at Light Speed**

Please drop off and pick up at Good Shepherd

Cost: \$13.00

(includes all the laser tag you can play and snacks)

**Friends ALWAYS Welcome
(CHAPERONES WILL BE NEEDED TO DRIVE)**

**DEADLINE FOR SIGN UP:
Friday, January 12th**

Any questions? Contact:

Corinna Ramsey at ramseyc@archmil.org or 262-345-3897
Bryan Ramsey at ramseyb@archmil.org or 262-253-2238

Middle School and High School Youth Group Light Speed Laser Tag

Name of Son/Daughter: _____
Hosting Parish: Good Shepherd **City:** Menomonee Falls
Supervisor: Corinna Ramsey **Phone:** 262-345-3897 **Parishes Joining:** St. James
Destination: Drop off at Good Shepherd at 6:00pm and pick up from Good Shepherd at 9:00pm
Mode of Transportation: Chaperone driven vehicles to/from Light Speed
Date/Time: Friday, January 19th, 2018 from 6:00-9:00pm
Please Complete Form and Return by: Friday, January 12th
Cost: \$13 (Checks made payable to Good Shepherd)

**In consideration for my child/ward participation, I agree to reimburse and indemnify parishes for all reasonable legal and court fees incurred by parishes in defending a lawsuit that I or my child/ward may bring against parishes, which relates to the above named activity if is found not legally liable by the courts and prevails in the lawsuit. If the parishes are found legally liable for injuries sustained by son/daughter/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I have the opportunity to fully discuss this agreement with a representative of the parishes to clarify any concerns or questions about the activity or this agreement that I may have. As parent or guardian of the above named student, I give permission for my child to participate in the field trip described above.

****Photo & Video Release:** I hereby give my permission to the parishes for photographs and/or videos that may include my child's image to be used in promotional materials. This includes any prints, slides, copies, reductions, or any other processes or treatments necessary to make a photograph/video for reproduction purposes. I release all rights and privileges for financial obligations for this permission.

**In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

PARENT/GUARDIAN'S NAME(S): _____

Home Address: _____ **City, State, Zip:** _____

E-mail address(es): _____

Home Phone: _____ **Other phone(s):** _____

Parent/ Guardian's Signature: _____ **Date:** _____

If you are unable to reach me at the above numbers, contact:

Alternate Contact Name: _____ **Phone:** _____

Physician's Name: _____ **Phone:** _____

Name of Medical Insurance: _____ **Policy #:** _____

Pertinent Medical Conditions: _____

Inhaler/Epi-Pen Only: My child may or may not carry and self-administer.

Food Allergies? No Yes If so, what are you allergic to? _____

_____ **Yes, I am available to help chaperone/drive. Number of youth you can drive:** _____

TEAR HERE