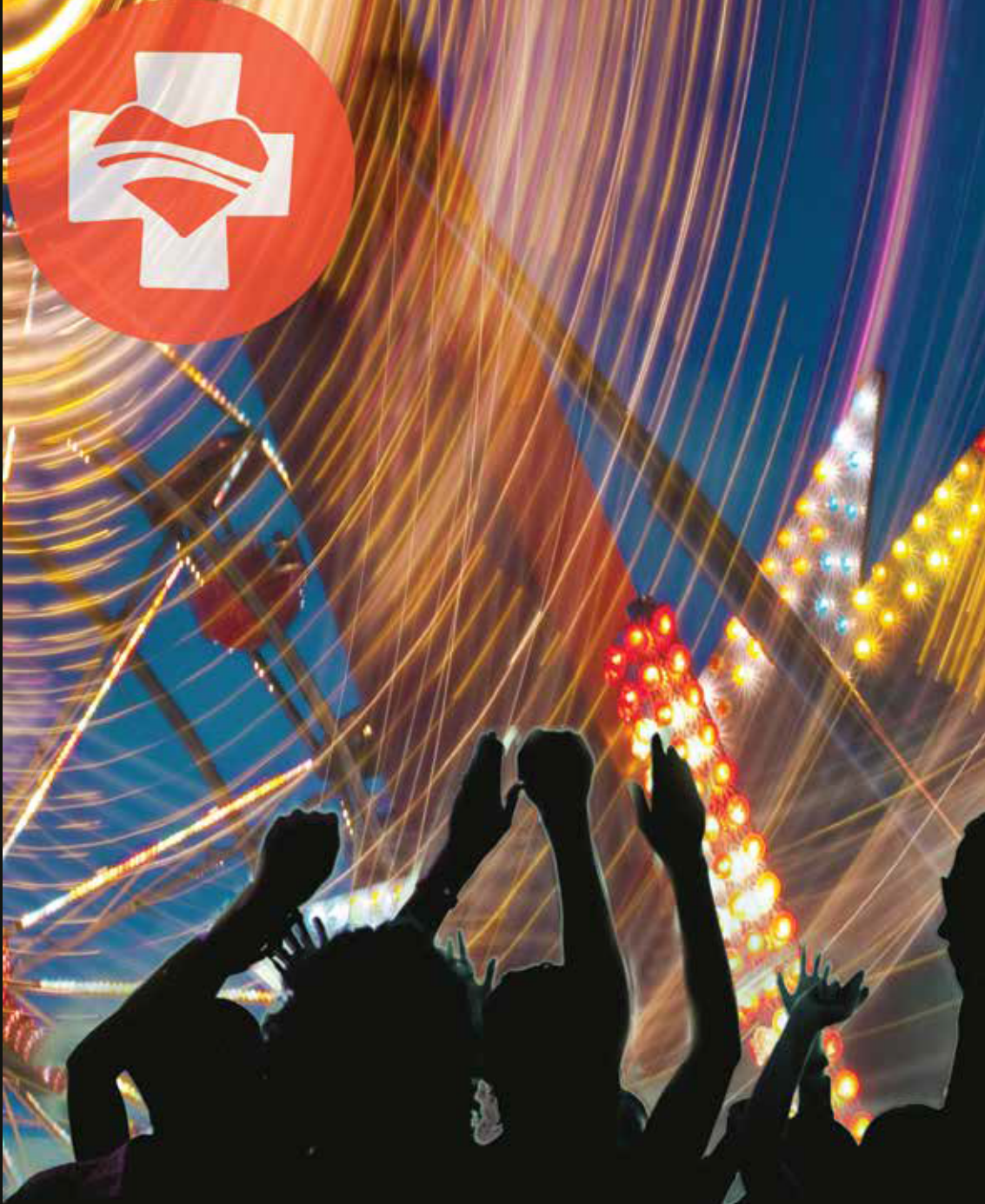


**YOUTH MINISTRY**



**OCTOBER 14TH, 7:00PM TO 9:00PM**

**SACRED HEART MIDDLE SCHOOL (GRADES 6-8) CARNIVAL DANCE 2016!**

**13716 SARATOGA AVE, SARATOGA, CA 95070 CALL 408-867-3634**

**\$15 DOLLARS AT THE DANCE ENTRANCE ... OR PREORDER DANCE & RIDE TICKETS & PIZZA! • WAIVER NEEDED FOR WAIVERS & MORE INFORMATION GO TO: [WWW.SACREDHEARTSARATOGA.ORG/CARNIVAL](http://WWW.SACREDHEARTSARATOGA.ORG/CARNIVAL)**



# SACRED HEART CARNIVAL MIDDLE SCHOOL (GRADES 6-8) DANCE 2016!

Preorder dance and ride tickets and pizza using this form. Turn in completed form to the Sacred Heart School or Parish Office by Tuesday, Oct. 11th, 2016 to preorder. Walk-ins accepted with completed waiver and \$15.00 paid at the Dance Entrance.

**WAIVER**

Sacred Heart Parish  
13716 Saratoga Avenue  
Saratoga, CA 95070  
Contact Name: Kurt Martin & Joey Mannina

Telephone: 408-867-3634  
Facsimile: 408-867-5339  
www.SacredHeartSaratoga.org

### Student Personal Information

Student Name:  Home Telephone:

Home Address:  Mobile Telephone:

Parent/Guardian Name:  Mobile Telephone:

Medical Plan Name:  Policy Number:

Medical Plan Address:  Telephone:

Emergency Contact Name:  Telephone:

Parish:  School:

### Waiver Authorization

FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER. I HOLD THE PARISH AND DIOCESE OF SAN JOSE HARMLESS FROM ANY CLAIM OF INJURY, SICKNESS, ILLNESS OR DAMAGE THAT MY CHILD MAY SUFFER OR SUSTAIN DURING THE ACTIVITY LISTED ABOVE, WITH EXCEPTION TO INJURY OF DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH OR DIOCESE OF SAN JOSE. I ATTEST THAT MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT. IN THE EVENT MY CHILD BECOMES ILL OR INJURED, I DO HEREBY CONSENT TO WHATEVER X-RAY, EXAMINATION, MEDICAL OR TREATMENT AND HOSPITAL CARE ARE CONSIDERED NECESSARY IN THE BEST JUDGEMENT OF THE ATTENDING PHYSICAIN AND PERFORMED BY OR UNDER THE SUPERVISIOIN OF A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL FACILITY PROVIDING THE TREATMENT. I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR MY CHILD TO PARTICIPATE IN ANY SUCH ACTIVITY. I AUTHORIZE AND GIVE FULL CONSENT, WITHOUT LIMITATION OR RESERVATION, TO SACRED HEART PARISH TO PUBLISH ANY PHOTOGRAPHS OR VIDEOS IN WHICH MY CHILD APPEARS WHILE PARTICIPATING IN YOUTH MINISTRY. THERE WILL BE NO COMPENSATION FOR USE OF ANY PHOTOGRAPHS OR VIDEO AT THE TIME OF PUBLICATION OR IN THE FUTURE.

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Youth Ministry Dance (Early Purchase)	Cost: \$10	x _____ = \$_____ (price only applies on or before October 11th)
Youth Ministry Dance (Regular)	Cost: \$15	x _____ = \$_____
Carnival Ride Tickets (Book of 30):	\$25	x _____ = \$_____ (price only applies to pre-ordered ride tickets)
Pizza Pass (1 slice):	\$5	x _____ = \$_____
Please make checks payable to Sacred Heart Parish		Total: \$_____

Carnival tickets and pizza passes will be at WILL CALL (the Main Ticket Booth) under name listed above. Name will also be placed on GUEST LIST for the dance.

Parent Signature:  Date Signed: