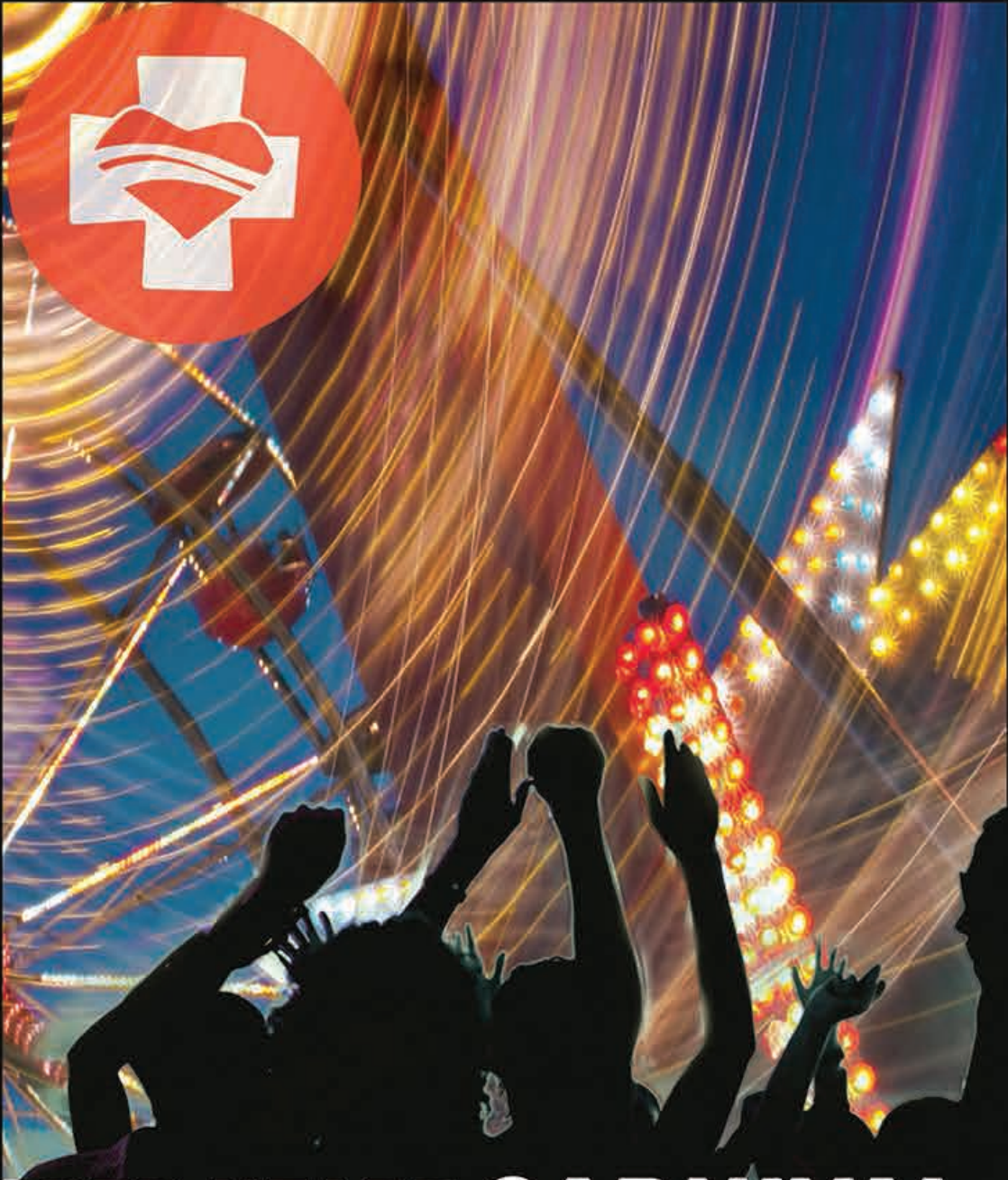


YOUTH MINISTRY



OCTOBER 13TH, 7:00PM TO 9:00PM

**SACRED HEART CARNIVAL
MIDDLE SCHOOL
(GRADES 6-8) DANCE 2017!**

13716 SARATOGA AVE, SARATOGA, CA 95070 CALL 867-3634 x527

**PREORDER DANCE & PIZZA FOR \$15! • \$15 DANCE ONLY TICKET AT THE DOOR • RIDE TICKETS ALSO AVAILABLE • WAIVER NEEDED
FOR WAIVERS & MORE INFORMATION GO TO: WWW.SACREDHEARTSARATOGA.ORG/CARNIVAL**



SACRED HEART CARNIVAL MIDDLE SCHOOL (GRADES 6-8) DANCE 2017!

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. 10th, 2017 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: 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 PHYSICIAN AND PERFORMED BY OR UNDER THE SUPERVISORIN 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.

Youth Ministry Dance (Early Purchase)	Cost: \$10	x _____ = \$_____ (price only applies on or before October 10th)
Youth Ministry Dance (Regular)	Cost: \$15	x _____ = \$_____
Carnival Ride Tickets (Qty of 32)	\$25	x _____ = \$_____ (price only applies to pre-ordered ride tickets)
Pizza & Drink (1 slice):	\$5	x _____ = \$_____
Please make checks payable to Sacred Heart Parish		Total: \$_____

Carnival tickets and pizza voucher will be at Geary Hall under name listed above.
Name will also be placed on GUEST LIST for the dance.

Parent Signature: Date Signed: