

St. George Parish

Here we go, a'caroling.....



Date: (please circle day(s) that apply)

Thursday, December 13, 2018

Friday, December 14, 2018

Sunday, December 16, 2018

Friday, December 21, 2018 (possibly)

Time: 6 PM. Meet in the Cahill Center (Meet in St. Julie's Teen Room, same time, Dec. 16)

Transportation: Adult Chaperones

Cost: just your time!

We will visit some of the homebound of St. George/St. Julie parishes to wish them the Joy of this Christmas Season and let them know they are loved by us and God. We will return to St. George between 8:30 and 9:30 PM each night. All ages (parents and siblings too!) and talent levels are welcome! What a great way to kick off Christmas vacation!!!!

PLEASE CALL Fran at 708-429-3979 OR EMAIL ffatpts@ameritech.net by December 11 to let us know you are coming.....we would hate to make you walk because we don't have enough car space!

PERMISSION FORM:

I hereby request that my child _____ be allowed to participate in above program, which is sponsored by St. George parish. I understand that this is a program that is intended to draw the people of St. George parish together as a community to learn and enjoy the company of others. I hereby release and indemnify the parish of St. George, it's staff and volunteers, and the Catholic Bishops of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

Parent/guardian Signature _____ Date _____

Phone number where an adult may be reached: _____

AUTHORIZATION FOR MEDICAL TREATMENT: In the event that the undersigned, or my authorized physician cannot be reached and in the judgment of the adult supervisors, there is a necessity for immediate examination and/or treatment of my child I hereby authorize any of the aforesaid personnel to obtain for my child such medical service deemed necessary.

Parent/Guardian
Signature _____ Date _____

Emergency Contact _____ Emergency Phone _____

Home Phone No. _____ Family Physician _____

Insurance Carrier _____ Plan Number _____