

# St. George Parish

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



Date: (please circle day(s) that apply)  
Friday December 15, 2017  
Saturday December 16, 2017  
Friday, Dec. 22, 2017

Time: Meet in the Cahill Center 6 PM Friday, 5:30 PM Saturday

Transportation: Adult Chaperones

Cost: just your time!

We will visit some of the homebound of St. George parish 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, and share some hot chocolate, lattes, tea, and goodies up in the Teen Room. 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](mailto:ffatpts@ameritech.net) by December 13 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 \_\_\_\_\_