

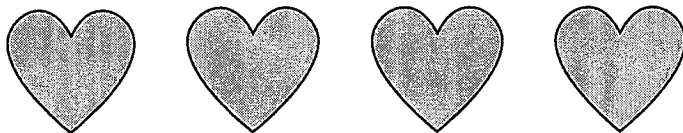


MIDDLE SCHOOL DANCE
FRIDAY, NOV 17
AT ST. EUGENE

IN MACKIN HALL (USE THE CHURCH WEST ENTRANCE)

**ADMISSION: \$5.00 &
SIGNED PERMISSION SLIP!**

THEME: *HEARTS OF GOLD!*



As we anticipate Thanksgiving holiday, we count our many blessings. Mindful of those who need extra support during this time of the year, we are happy to collect non-perishable food items at the dance registration tables. The items collected will be donated to the *Riverwest Food Pantry*. Please be generous!



***Parent chaperones should please contact coordinator Eamonn O'Keeffe at eok2300@gmail.com by Nov 14.**

**Doors OPEN at
7:00 p.m.**

**Doors CLOSE at
7:30 p.m.**

**DANCE ENDS at
9:30 p.m.**

**For 7th & 8th Grade
students who are
enrolled at:**

**Catholic East
Holy Family
Lumen Christi
St. Eugene
St. Monica
St. Robert**

**Each school is responsible
for providing two (2)
chaperones.*

**Cash CONCESSIONS will be
available in Mackin Hall!**

**Cell phones & cameras may
NOT be used during the
dance. They will be collected
and returned after the dance.**



PARENT/GUARDIAN PERMISSION SLIP FOR FIELD TRIP AND INDEMNITY AGREEMENT

| | |
|--------------------------|--------|
| NAME OF STUDENT: | |
| NAME OF PARENT/GUARDIAN: | PHONE: |

As parent or guardian of the above named student, I give permission for my child to participate in the field trip described as follows:

| | |
|---|--|
| PARISH/SCHOOL: 7th/8th Grade North Shore Catholic Schools Dance | DATE OF TRIP: Friday, November 17, 2017, 7:00 - 9:30 PM |
| DESTINATION/ACTIVITY: St. Eugene School, 7600 N. Port Washington Rd., Mackin Hall (Church basement: enter off west parking lot.) | |

A separate detailed itinerary and parent consent must be provided for high risk activities.

| | | |
|---|---|------------------------------------|
| DESIGNATED TEACHER/SUPERVISOR: Eamonn O'Keeffe and Paula Nelson (St. Eugene School) | PHONE: Mr. O'Keeffe 414-339-1122 | |
| MODE OF TRANSPORTATION: None | DEPARTURE TIME: Dance Begins 7:00 PM | RETURN TIME: Dance ends 9:30 PM |
| STUDENT COST (IF APPLICABLE): \$5.00 | | |
| PLEASE COMPLETE FORM AND RETURN BY: Bring this form the night of the dance along with \$5.00/All schools need to have two chaperons. | | |

MEDICAL INFORMATION AND RELEASE

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.

On field trips that occur during the length of the school day, any prescription medication already provided to the school will be carried and administered by staff.

If you are unable to reach a parent/guardian at the above number, contact:

| | |
|-------------------------------|--------|
| ALTERNATE CONTACT NAME: | PHONE: |
| PERTINENT MEDICAL CONDITIONS: | |

FIELD TRIP CONSENT AND RELEASE

In consideration for my child/ward's participation, I agree to reimburse and indemnify the parish/school for all reasonable legal and court fees incurred by parish/school in defending a lawsuit that I or my child/ward may bring against the parish/school Which relates to the above named activity if the parish/school is found not legally liable by the courts and prevails in the lawsuit. If the parish/school is found legally liable for injuries sustained by child/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 had the opportunity to fully discuss this agreement with a representative of the parish/school to clarify any concerns or questions about the activity or this agreement that I may have had.

| | |
|----------------------------|-------|
| PARENT/GUARDIAN SIGNATURE: | DATE: |
|----------------------------|-------|

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

Yes, I am available to chaperone. I can be reached at: Chaperons contact Mr. O'Keefe