

MIDDLE SCHOOL DANCE

SPRING OF 2018

DATE AND TIME OF ACTIVITY: Friday, April 20, 2018 6:30 p.m. - 9:00 p.m.

LOCATION AND DESCRIPTION OF ACTIVITY: St. Mary School Activity Center
Social for 6th – 8th Graders that attend St. Mary School
and St. Mary Christian Formation

Students must be dropped off and picked up by a parent/legal guardian or designated adult. Students must be picked up at 9:00 p.m. They may not leave early unless they have written permission from their parent and their parent comes into the facility to pick them up.

STUDENT COST: \$5.00 This includes the cost of the DJ, snacks, and waters. NO food pantry donations needed.

DRESS CODE: You WILL NOT be admitted with bare shoulders, short shorts, hats or inappropriate sayings on t-shirts. Your parent will be called to pick you up for inappropriate dress OR behavior.

Cellphones are not allowed at the dance. If you bring them, they will be stored in a labeled bag until 9:00.

PLEASE RETURN THIS PORTION AND \$5.00 TO YOUR TEACHER BY FRIDAY, April 13, 2018

My son/daughter/ward, _____ is eligible to participate in a school/parish-sponsored activity that requires permission. This activity will take place under the guidance and supervision of employees/volunteers from St. Mary Parish School. The activity is as follows: **Middle School Dance.**

I would like my child/ward to participate in this activity. As parent or legal guardian, I agree to defend and fully indemnify St. Mary Parish and St. Mary School against any claim, which may result from any personal actions taken by my child/ward. As parent or legal guardian, I further agree to fully indemnify and hold harmless St. Mary Parish and St. Mary School against any claim or cause of action whatsoever brought against St. Mary Parish and St. Mary School which took place during the above identified activity, which is related to the activity, if that claim or cause of action is brought by my child/ward or their parent/legal guardian.

I hereby consent to participation by my above named child/ward, in the activity described above. I certify that I have an understanding of this agreement and the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss the above named activity and 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/Legal Guardian Signature Address

Date Email address Cellphone number

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name _____ Phone Number _____

6th & 7th grade parents – I will chaperone: 6:30-8:00 _____ 8:00-9:30 (including cleanup) _____