

# JUNIOR HIGH MINISTRY



**Who:** All 7<sup>th</sup> and 8<sup>th</sup> Grade

**When:** Sunday, March 4<sup>th</sup> 1-4 pm

**Where:** Amazing Pizza Machine; 13955 S Plaza

**Cost:** \$15

**Includes:**

- **Unlimited Buffet & Beverages**
- **Unlimited Rides** (go carts, bumper cars, & wild ride coaster)
- **Unlimited Video Games** (bowling, air hockey, & video/simulator games)
- **20 Play Points** (for Ticket, Token, & Prize Games)

Contact Janet Drvol for more information – Forms Due by 2/26



**ST. LEO AND ST. PIUS  
YOUTH MINISTRY**

Janet Drvol - Youth Ministry Director  
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# St. Leo/St. Pius X Church - Youth Ministry Event Permission Form

Janet Drvol – Coordinator of Youth Ministry  
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6905 Blondo St. Omaha, 68104

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Participant's Name _____	Name of School _____
Date of Birth _____	Grade this year _____
Participant's E-Mail _____	Participant's Cell Phone _____
Parent/Guardian Name(s) _____	Parent/Guardian E-mail _____
Street Address _____	City, State & Zip _____
Home Phone Number _____	

I, \_\_\_\_\_ Grant permission for my youth, \_\_\_\_\_  
(Printed Parent or Guardian name) (Printed Youth's Name)  
to participate in this St. Leo/St Pius Youth Ministry event that is located away from the parish. A brief description of the event follows:

<b>Type of Event:</b> Amazing Pizza Machine Junior High Event
<b>Location:</b> Amazing Pizza Machine – 13955 S Plaza
<b>Date and Time:</b> March 4, 2018; 1-4 pm
<b>Transportation:</b> Personal Vehicle – meet at Amazing Pizza
<b>Cost:</b> \$15

Name of physician _____	Office Phone _____
Insurance company _____	Policy Number _____
Any existing medical conditions an emergency physician would need to know (allergies, drug reactions) <b>YES or NO</b>	
Explain _____	

I hereby authorize a representative of St. Leo/St. Pius Church Youth Ministry to take my child to a physician or facility for medical treatment in the event of an emergency in which neither a parent nor the adult in whose care the minor has been entrusted can be reached. If the above named physician cannot respond, I authorize any physician or medical centers to treat my child.

**If a parent or guardian cannot be reached, whom should we notify?**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I agree that my child shall abide by the rules and regulations outlined in the <i>St. Leo/St. Pius Church Youth Ministry Code of Behavior</i> . I have reviewed it and discussed the <i>Code</i> with my child prior to signing this form. I agree that if my child fails to consistently abide by the <i>Code</i> or engages in a serious infraction of the <i>Code</i> , he or she may be immediately dismissed from the St. Leo Church Youth Ministry sponsored program and sent home at my expense. As parent and/or guardian, I remain legally responsible for any personal actions taken by the above named minor. I agree, on behalf of myself, my child named herein, or heirs, successors, and assigns, to hold harmless and defend <b>St. Leo/St. Pius Church</b> , its officers, directors and agents, the Archdiocese of Omaha, chaperones, or representatives associated with the event arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, the Archdiocese of Omaha, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.
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**The Code of Behavior has been developed to help all participants have a fun and safe event. Read through the Code thoroughly. All participants will be expected to adhere to it when with us. Code of Behavior can be found at [http://www.stleo.net/youth\\_ministry.php](http://www.stleo.net/youth_ministry.php).**

**Parent or Guardian** I agree to the above statements:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Youth Participant:** I understand and agree to the St. Leo/St. Pius Church Youth Ministry Code of Behavior. I also understand that my parent(s)/guardian will be notified for any event requiring my dismissal from the program and that transportation will be at their/my expense.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

**For Parents: I am able to help chaperone (circle one)**

**YES or NO**

All Forms are due to the Parish Office By February 26