†LUKE 18 MARCH 2 - 4, 2018†

Registration and Release Form for Lukers (8th graders)

| NAME: | | □FEMALE | |
|--|---|---|--|
| ADDRESS: | CITY, STATE, ZIP: | | |
| HOME PHONE NUMBER: | | T-SHIRT SIZE: | |
| SCHOOL: | DOB: | GRADE LEVEL: | |
| STUDENT CELL#:S | TUDENT E-MAIL ADDRE | SSS: | |
| PARENT/GUARDIAN (this will be your of | emergency contact): | | |
| PARENT/GUARDIAN PHONE # (this wi | ll be the number used in case | e of emergency): | |
| PARENT/GUARDIAN E-MAIL ADDRE | SS: | | |
| Please list 1-2 other 8 th graders of the same guarantee that this will work out for everyo | | | |
| Do you have any unusual dietary requirements of yes, please indicate below: | ents, medical history, medica | ation, or major allergies? | |
| I hereby authorize my son/daughter to a understand that daytime activities will t be spending the nights at a parish family Louis, All Saints Catholic Church, the yor occurrence beyond their control, from precaution will be taken to make this a emergency, I/we give permission to the emergency treatment for my child. Signature of Parent or Guardian | ake place on the premises y's house while on the retryouth ministers, and any acm any legal responsibility was afe and spirit filled experi | of All Saints Parish and my child will eat. I release the Archdiocese of St. dult chaperone, in case of any accident with said events. I know that every ience for my child. Also, in case of | |
| orginature of Farcilt of Guardian | Date Signed | | |
| Printed Name of Parent or Guardian | | | |

Please send with payment to "All Saints Parish" no later than Feb 23rd, 2018 to: Ricky Willmann at All Saints Parish 7 McMenamy Rd St. Peters MO 63376 (not the school) Fee is \$40 if you are registered by Feb 16th and \$45 if you register after the 16th.