

SAINT MICHAEL YOUTH MINISTRY PRESENTS



A JUNIOR HIGH CALL TO ACTION

“A VARIETY OF GIFTS, BUT THE SAME SPIRIT.” -1 Corinthians 12

Saturday, August 25, 2018 9am-5pm

St. Michael Parish, 3705 Stone Lakes Drive, Jeffersontown, KY

Cost: \$20 /Person; Forms and Payment Due August 1, 2018

KEYNOTE
SPEAKER:
JOE
MELENDREZ



*Lunch Provided

*Meal Packing for the Third
World

*Parent Workshop @ 2pm with
Dr. Scott Hedges

*Mass @ 4:00pm with Arch-
bishop Kurtz

(Parents invited to stay for Mass!)

Questions? Contact Fraz at (502) 266-
5611 or afrazita@stmichaellouisville.org

Sponsored By Archdiocese of
Louisville Youth and Young
Adult Ministry



**All Youth Ministry Registration has been moved online.
Go to our website at www.smym.org and click on the
'Online Event Sign Ups' link to register for this amazing**

Junior High Call to Action
August 25, 2018
Parent/Guardian Consent Form and Liability Waiver

I, _____, parent/guardian, request that my child
_____ from _____ parish, be allowed to
participate in the Jr. High Call to Action, sponsored by the Archdiocese of Louisville on August 25,
2018, at St. Michael's Catholic Church parish grounds, Jeffersontown, KY.

In consideration of permitting my child to attend and participate in this event, I do hereby, for myself
and my child, waive and release any and all claims that I might have against St. Michael Parish, The
Archdiocese of Louisville, and any chaperones or representatives associated with the Junior High Call
To Action for any injuries or losses suffered by said child while engaged in the above activities.

In case of any medical emergency, I understand that every effort will be made to contact the parents
or guardians of the child participating in the Junior High Call to Action Day. In the event that I cannot
be reached, I hereby give permission to the physician selected by the event sponsor to hospitalize,
secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named
herein. Further, I accept any and all financial responsibility as a result of scheduling necessary emer-
gency medical treatment.

Signature of Parent/Guardian _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Phone _____

Allergies _____

Current Medications Taken by Youth _____

Any Special Dietary Needs? _____

Please initial one of the following:

_____ I give permission for non-prescription medication such as Tylenol, cough drops, and lozenges
to be administered to my child, if deemed necessary.

_____ Medication of any sort, whether it is prescription or non-prescription, may not be administered
to my child unless emergency treatment is required.