

KOKOMO'S EVENT INFORMATION

DESTINATION: Kokomo's Family Fun Center

DATE & TIME OF EVENT: **Thursday, August 19, 2021**

Meet: 1 PM at Kokomo's Family Fun Center, 5200 Kokomo Drive, Saginaw, Michigan. Directly off of Tittabawassee Road between Mackinaw and Bay Road.

Pick up: 4 PM at Kokomo's

DESIGNATED SUPERVISORS OF ACTIVITY:

Christine Sellnow: (989) 698-6321 Kathy Russell (989)

CHAPERONES: Parents (If you would like to be a chaperone, please check YES on the permission form.)

METHOD OF TRANSPORTATION: Please provide your own transportation.

COST: \$17.00 (make check payable to Blessed Sacrament Parish)

ADDITIONAL ITEMS NEEDED FOR ACTIVITY: Extra money for arcade games & additional food (Additional slices of pizza or additional cups of pop are \$1 each.)

Keep this flyer for your information and return the permission form to your parish's Faith Formation Office in-person or via email.

Permission Form &

Youth Ministry Event: Kokomo's Middle School Afternoon

DESTINATION: Kokomo's Family Fun Center

DATE & TIME OF EVENT: Thursday, August 19, 2021, 1-4 PM

DESIGNATED SUPERVISOR OF ACTIVITY: Christine Sellnow: 698-6321, Kathy Russell 835-6777

CHAPERONES: Parents (I am willing to chaperone. ___ Yes ___ No)

METHOD OF TRANSPORTATION: Own

I, the parent of: (name) _____ (grade) _____
request that Assumption BVM, Blessed Sacrament, St. Brigid, and Our Lady of Grace parishes allow my son/daughter age _____, to participate in the activity described above. I give permission for my child to participate in said trip. In consideration for my son's/daughter's participation, I hereby release, save harmless and indemnify Assumption BVM, Blessed Sacrament, St. Brigid, and Our Lady of Grace parishes, their employees, volunteers, agents and any sponsors or benefactors of said trip from any and all liability from any and all injury. I understand that my son/daughter will be under the supervision of the designated supervisor and chaperones on the stated dates and that all parish rules listed below will be in effect. I understand and agree that, if my son/daughter violates a parish rule, he/she will be sent home.

I am not a member of Assumption BVM, Blessed Sacrament, St. Brigid, and Our Lady of Grace parishes but my son/daughter is friends with: _____

MEDICAL: In case medical treatment is necessary and the parents or guardian cannot be located, the following authorization is needed. I (we) authorize the adult advisor in charge to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the state of Michigan.

Allergies: _____

Chronic diseases or medical problems: _____

Medicines son/daughter is now taking: _____

Medicines that need to be dispensed during this activity must be given to the designated supervisor in its original container with directions and dosage.

Medical Insurance Carrier: _____ Policy/Contract Number: _____

Family Physician: _____ Phone: _____

PARENT (GUARDIAN) NAME (please print): _____

PARENT (GUARDIAN) SIGNATURE: _____

ADDRESS: _____ ZIP: _____

PHONE: (home) _____ (cell) _____

(EMERGENCY) _____

FAMILY E-MAIL ADDRESS: _____

___ We do not have an email address, please continue to mail forms and information to our family.

PARISH EVENT AGREEMENT: Coupling, swearing, smoking, drinking, gambling, possession of alcohol, drugs, or firearms are **NOT** permitted at our church youth functions. Any youth found in violation of these rules will have their parents called and will be sent home.

SIGNED (Teen): _____ DATE: _____

Cell # (teen), if applicable: _____

Please check with your parish if you need financial help for the event. Scholarships are available.