

# Water Walk 2021

**DESTINATION:** We will be starting at Blessed Sacrament Parish Center (3109 Swede Ave. Midland, MI) and walking to Plymouth Park (1508 E Wheeler St, Midland, MI 48642) and back.

**DATE & TIME OF EVENT:** April 25<sup>th</sup>, 2021, 6:00-8:00 PM

**DESIGNATED SUPERVISORS OF ACTIVITY:**

Christine Sellnow - Phone: 989-698-6321 Email: christines@blessed-midland.org

Kathy Russell - Phone: 631- 4447 Email: kathyr@assumptionmidland.org

Justin Rose - Phone: 835-6777 Email: justinr@blessed-midland.org

**COST:** \$0 (Donations to help fund a borewell for a village in India are not required, but there will be an opportunity to give, so keep that in mind if you would like to!)

**WHAT TO BRING:**

- A bucket
- Your family and friends

Keep this flyer for your information  
and return the attached permission form  
to your Youth Minister via email (emails are listed above).

## Youth Ministry Event: Water Walk 2021

**DESTINATION:** Blessed Sacrament Parish Center 3109 Swede Ave. Midland, MI & Plymouth Park 1508 E Wheeler St, Midland, MI 48642

**DATE & TIME OF EVENT:** April 25, 2021 6:00-8:00 PM

**DESIGNATED SUPERVISORS OF ACTIVITY:** Christine Sellnow, Kathy Russell, and Justin Rose

I, the parent of: (name) \_\_\_\_\_ (grade) \_\_\_\_\_  
request that Blessed Sacrament Parish, St. Brigid Parish, Our Lady of Grace, and Assumption BVM Parish  
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 Blessed Sacrament Parish, St. Brigid Parish, Assumption BVM Parish, and Our Lady of Grace,  
its 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  
chaperons 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 Blessed Sacrament, St. Brigid, Assumption, or Our Lady of Grace 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) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

(EMERGENCY) \_\_\_\_\_

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**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: \_\_\_\_\_