

STUDENT NAME: _____

GRADE AND SCHOOL: _____

MIDDLE SCHOOL LASER TAG AND GAME DAY (Cost \$25)

SATURDAY, MARCH 6th, 8:00 AM – 12:30 PM

All Students in grades 6-8 from any school or parish are welcome!

[Registration is almost full; to guarantee a spot, sign up today. Form due Monday, March 1st]

Please make checks payable to St. Elizabeth Church. Please return form and payment to the Parish Office, mailbox B. Werth (mailbox is straight back and to the right, once you've entered the office).

This event will have over 40 participants. Parent volunteers are needed and welcomed as chaperones and drivers! If you are able to assist in any way please email Brian for details at brianwerth1@yahoo.com or call 484-695-6025.

1. Meet at the **front of the school BY 8:00 AM**. We will leave at 8:00 AM and caravan to Shadowland Laser Tag Adventures in Gaithersburg, MD and play laser tag from 8:30 AM - 10:00 AM.
2. We will caravan back to St. Elizabeth's cafeteria where we will eat lunch and play games in the gymnasium.
3. Students will be picked up at **12:30 PM at the school gymnasium**.

**Archdiocese of Washington
RELEASE AND CONSENT FORM (Minors 18 and under)**

I, _____ the undersigned, give permission for my son/daughter _____ to attend the Laser Tag and Game Day. It is understood that reasonable caution will be taken by those persons in charge to prevent injuries. In consideration of my child's being permitted to participate in the Laser Tag and Game Day, I personally and on behalf of my child, hereby release The Archdiocese of Washington; Donald Wuerl, Roman Catholic Archbishop of Washington; a Corporation Sole: the Catholic Youth Organization of Washington, DC and Metropolitan Area, Inc; the Office of Youth Ministry; their employees; volunteers, the coordinators and chaperones of St. Elizabeth Youth Ministry; from any liability for injuries or damages arising or resulting from participation in the Laser Tag and Game Day in and/or transportation to and there from. In the event that I cannot be reached, I hereby grant permission for my son/daughter to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. Permission is hereby granted to OYM/CYO Archdiocese of Washington to use the photographs and quotations of my son/daughter to assist in community awareness, educational efforts, related public relations purposed that may include brochures, posters, website and print media from St. Elizabeth Church. My child agrees to abide by all rules and regulations as outlined in the Youth Code of Behavior. I understand that St. Elizabeth Youth Ministry and the Archdiocese of Washington will not be held liable if my child fails to cooperate with said regulations and that any infractions of the rules may result in immediate dismissal from the Laser Tag and Game Day.

Parent or Legal Guardian signature

Date

YOUTH (SIGNATURE REQUIRED)

As a member of St. Elizabeth Youth Group, I understand and agree to the Youth Code of Behavior (Please read the Youth Code of Behavior on the reverse of this page before signing). I also understand and agree that my parents or legal guardian will be notified at the time of any infractions requiring my dismissal from the Laser Tag and Game Day and that I will be sent home at my own and or parent's/guardian's expense.

Youth signature

Date

MEDICAL INFORMATION (Please Print)

My son/daughter is allergic to (medication/ food/ other):

If more, please attach>

My son/daughter must take the following medications and will be bringing enough medication for the Laser Tag and Game Day. (Indicate medication, dosage, frequency, etc. Medication must be given to your parish adult chaperon to hold/administer):

You should be aware of these special medical conditions of needs of my child (Dietary, medical, mental health, walking assistance, bee sting allergies, other conditions)

Please provide all necessary information about insurance:

Insurance Carrier _____	Policy Carrier: _____
Policy # _____	Benefit/Plan/Group # _____
Date of last Tetanus Booster: _____	
In case of emergency notify: _____	Relationship to youth _____
Emergency Contact Number: _____	
Home Phone: _____	Parent Cell: _____
Alt. Phone: _____	Student Cell: _____
Parent Email: _____	Student Email: _____

Didn't receive our Spring Newsletter? Please leave your address: _____

CODE OF BEHAVIOR

The following guidelines will ensure a fun and safe experience for all of us:

- 1) Participants are expected to attend all events on time and participate fully.
- 2) Participants are expected to remain with their parish group and chaperones at all times.
- 3) The possession of alcohol and illegal drugs is clearly prohibited and is cause for dismissal. In keeping with the laws of the U.S.A. minors will not be permitted to consume alcohol.
- 4) Appropriate dress is required. Participants should wear neat, modest, and comfortable clothing. No bare midriffs, backless or strapless tops, or other tight or revealing attire will be permitted. Participants may not wear shirts featuring inappropriate text or graphics.
- 5) All participants, adults and youth, will be held to the highest Christian standards of morality.
- 6) **CELL PHONES ARE ALLOWED ON THIS TRIP.** In addition, the emergency contact number for this event is: 484-695-6025, Brian Werth's cell phone. Parents will be able to reach youth at this number and youth will be able to contact parents from this phone.

In the event that a behavior problem required disciplinary action, the Director of Youth Ministry, along with the individual's chaperone, will address the situation and make the necessary decision.

We greatly appreciate your cooperation in following the Code of Behavior.