

HORIZON FUN FX

SPONSORED BY: EASTERN GREECE CHARLOTTE PARISHES OF
ST. CHARLES, HOLY CROSS, OUR MOTHER OF SORROWS AND ST. JOHN'S



WHO: TWEENS, TEENS & FRIENDS

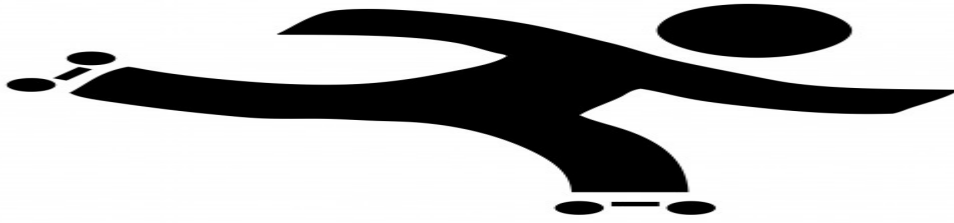
WHEN: SATURDAY, SEPTEMBER 28TH 6:15 – 8:45

WHERE: 675 LING ROAD ROCHESTER NY, 14612

COST: \$17 (INCLUDES PIZZA, DRINK, SKATING, SKATES, AND LASER TAG)

R.S.V.P: BY MONDAY SEPTEMBER 23RD

Tween/Teen Youth Minister Donna Jacobi @ 621-8133 or 261-5552



Horizon Fun FX Permission Slip

NAME OF PARTICIPANT: _____ PHONE _____

EMERGENCY CONTACT: _____ PHONE: _____

HEALTH INSURANCE CO: _____ Policy # _____

PHYSICIAN NAME AND PHONE _____

PLEASE LIST ANY ALLERGIES OR MEDICATIONS: _____

PERMISSION HEALTH RELEASE FORM

In signing this permission/health release form, I also hereby certify that the above information is correct and give my permission for my child to be transported in privately owned vehicles in case of medical emergency and for release of medical records to an attending physician in case of illness. In case of medical emergency, I understand that every effort will be made to contact the parents or guardian. In the event that I cannot be reached, I hereby give permission for a physician to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery to my teen named herein.

I give my permission for the above listed person to attend the following Holy Cross event on Saturday September 28th, 2019 at Horizon Fun FX. Both my son/daughter and I agree to waive any and all claims, including negligence, against Holy Cross or its agents for damage or injury while at said locations or in transit to or from said locations, or arising out of this activity.

Signature of Parent/Guardian: _____ Date _____

Phone # where I can be reached during this event: _____