



Roller Skating

EDGE Roller Skating

Monday, September 13, 2010 6:00pm-8:00pm

@ Golden Skate

108 Balcome Boulevard, Simpsonville. Off N.E. Main St.

“Private” Session

Cost: \$6.00 per person includes:

2 hours of skating @ skate rental

Bring a friend! Bring your family!

**PLEASE CALL TO SIGN-UP AND
LET US KNOW HOW MANY ARE
COMING.**

**Bring Money and
permission slip
With you.**

For additional information,
contact Joe Maggio at
288-4884 x 206 or
Joem@smmcc.org or
text 8643610338

Parent/Guardian Permission and Liability Waiver

Description of Activity/Event:

Date(s): Monday, September 13th @ 6:00pm
Type of Event: Roller Skating social
ER Phone Numbers: Joe Maggio Cell (864) 361-0338
Destination: Golden Skate Roller Rink
Individual In Charge: Joe Maggio and Volunteers
Mode of Transportation: Provide your own

Participant Information:

Participant's Name: _____
Birth Date: _____ Age: _____ Gender: _____ Grade: _____
Parent/Guardian's Name _____
Full Address: _____
City: _____ State: _____ Zip: _____
Home Phone: () _____ Emergency Contact Phone: () _____
E-mail Address: _____ Instant Messenger: _____

Permission to Participate:

I, _____, grant permission for my son/daughter, _____
Parent or Guardian's Name *Child's Name*
to participate in this parish youth ministry event, that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of Parish employees and/or volunteers from _____.
Parish Name

Signature of Parent/Guardian: _____ **Date:** _____

Hold Harmless Agreement:

As parent/legal guardian, I remain legally responsible for any personal actions taken by my son/daughter named above.
I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend St. Mary Magdalene Catholic Church, its officers, directors, agents,
Parish Name
Life Teen, Inc., and the Diocese of Charleston from any liability for illness, injury or death arising from or in connection with my son's/daughter's attending the above named event, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Charleston, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature of Parent/Guardian: _____ **Date:** _____

Permission To Be Photographed:

I give my permission for my child, _____, to be photographed at this event and understand that the photographs may be used for publicity, etc. ___ Yes ___ No

Signature of Parent/Guardian: _____ **Date:** _____

1. The use of any tobacco products, alcohol, or illegal drugs is strictly prohibited.
2. Absolutely no immoral activity will be tolerated.
3. Curfew (when applicable) will be observed by all persons.
4. All injuries and illnesses must be reported to the Function Coordinator.
5. All persons must remain with the group that they are assigned to.
6. No abusive language will be tolerated from anyone.

Anyone caught breaking these rules will be asked to call their parents to be picked up