

JOHN BOSCO YOUTH DAY FIRE ON THE HILL “THE SUMMIT”

SATURDAY, OCTOBER 1ST 10AM-6PM

Basilica and National Shrine of Mary
Help of Christians at Holy Hill

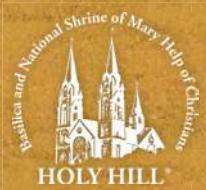
1525 Carmel Rd, Hubertus, WI 53033



REGISTRATION NOW OPEN

ARISEMKE.ORG/JOHNBOSCO

An energizing and enriching experience for 6-12th grade students and their leaders or parents, complete with prayer, fellowship, dynamic talks, Eucharistic Adoration, Mass and more.



Boxed lunches available for purchase. For more information, contact Mackenzie Nguyen at mackenzie@ariseMKE.org.



Child

Youth

Ministry

St. Joseph Congregation Activity Registration Form 2022-2023

Due Friday, September 23rd by 3:00pm

Activity Child is Participating In: **John Bosco Youth Day 2022 (10/1/22)**

Child's Name:

Date of Birth:

Grade:

Gender: Female Male

Address:

Parent(s) Names:

Parent(s) Phone Number(s):

I, _____, would be willing to assist and chaperone.

Emergency Contact Name:

EC Phone Number:

Relationship:

Emergency Treatment: In the event of any emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Signature:

Liability: In consideration for my child/ward participation, I agree to reimburse and indemnify parishes for all reasonable legal and court fees incurred by parishes in defending a lawsuit that I or my child/ward may bring against parishes, which relates to the above named activity if I am found not legally liable by the courts and prevails in the lawsuit. If the parishes are found legally liable for injuries sustained by son/daughter/ward, this paragraph will not apply. I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I have the opportunity to fully discuss this agreement with a representative of the parishes to clarify any concerns or questions about the activity or this agreement that I may have. As parent or guardian of the above named student, I give permission for my child to participate in Vacation Bible School as described above:

Signature:

Picture Release: My child(ren) may be photographed during the child ministry program and these photos may be used for program purposes or for promotional material in print form or on the parish website.

Yes No Signature:

Please list any health concerns or learning disabilities that should be brought to our attention: _____
