

Saint Susanna Youth Ministry
DINNERS FOR THE HOMELESS SERVICE PROJECT
Monday, March 22, 2010

This form MUST BE signed, completed, and turned in on or before Monday, March 22.

Students will be transported by VIRTUS-trained volunteer parents and Saint Susanna Faith Formation Staff downtown Indianapolis on March 22, 2010. We will leave the church parking lot between 5:30-5:45 p.m. and return by approx. 8:00 p.m. (We will be making dinners from 5:00-5:30)

*Dress for this service activity is casual. Jeans, T-shirts, etc., are fine. Clothing with offensive or obscene words, pictures, symbols, etc. is not acceptable. Shirts and shoes must be worn at all times. No halter tops, tank tops or sleeveless shirts are allowed. Please DRESS WARMLY!!!

Bring along any spare blankets or adult-sized coats you have to donate!!

Name (Printed): _____ Phone: _____
Address: _____ City: _____ ZIP: _____
Email: _____
Allergies and/or medical condition: _____

EMERGENCY CONTACT INFORMATION:

1. Name: _____	Phone #: _____	Cell Phone #: _____
2. Name: _____	Phone #: _____	Cell Phone #: _____

PARTICIPATION CONSENT:

I grant **permission for my child to participate** in the Dinners for the Homeless Service Project. I will not hold the Archdiocese of Indianapolis or Saint Susanna Catholic Church responsible in the event of any injury or accident to my son or daughter while participating in this service project, and/or traveling to and from the city of Indianapolis. I warrant that, to the best of my knowledge, my child is in good health and able to participate in this activity. (Please submit a statement indicating limitations and/or conditions of which we should be aware.)

In case of medical emergency, I understand that every effort will be made to contact parents or guardian of participants. In the event that I cannot be reached, I hereby give permission to the Youth Minister to seek treatment for my son/daughter. I hereby give permission to the medical staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child.

Parent/Guardian Signature: _____ Date: _____
Name: (Printed) _____ Phone: _____

Youth Signature: _____ **Date:** _____

Turn in form to Faith Formation Office for Ellice Bedel or bring the form on Monday, March 22 with you.

You must have this form completed and signed to attend this service opportunity!

Call or e-mail Ellice Bedel with any questions or concerns: 838-7723 bedelym@gmail.com