

MOVIE MARATHON



**It's time to feel like a kid again!
Come for our Disney Movie Marathon on
Thursday, April 5 from 10:00am - 6:00pm.**

What do I bring?

- ✦ **Comfy Stuff.** Bring a pillow, blanket, air mattress, bean bag and your favorite stuffed animal. We'll have the big screen up in the Parish Hall so there will be plenty of room to spread out.
- ✦ **Friends!** This is not just for St. Elizabeth and St. Dominic parishioners. ALL are welcome. If you need additional permission slips you can pull them off the St. Elizabeth/St. Dominic's website or call Heather and she can email them to you.
- ✦ **Food and Drinks.** Snacks will be available, and lunch is provided.

PERMISSION SLIPS DUE WEDNESDAY, APRIL 4



Open to all students in 6-12th grade

Parent/Guardian Permission Form for Movie Marathon

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a parish sponsored activity. This activity will take place under the guidance and supervision of authorized personnel from **St. Elizabeth Parish**. A brief description of the activity follows:

Name of Event: *Disney Movie Marathon*

Location: *St. Elizabeth Parish Center*

Date and Time: *Thursday, April 5, 10:00 am – 6:00 pm*

Designated Supervisor of Activity: *Heather Marsh, Coordinator of Youth Ministry*

Emergency Phone Number: *Heather: 517-918-5725; Parish Rectory: 517-423-2447*

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and acknowledgment. As parent or legal guardian, you remain responsible for any legal responsibility which may result from actions taken by the named student. This section is for your information.

PERMISSION FORM FOR DISNEY MOVIE MARATHON

I hereby consent to participation by my son/daughter _____ in the **DISNEY MOVIE MARTHON**. I understand that this event will take place on the parish grounds and that my son/daughter will be under the supervision of the authorized parish personnel (as indicated above) on the stated date. I consent to the stated conditions for participation in this event. I further understand that if my student chooses behavior that is inappropriate, I may be requested, at my expense, to remove my student from the program.

(print parent's name)

(parent's signature)

(date)

Emergency Contact name and phone number:

Medical concerns, medications or allergies that the supervisor should be aware of: _____

Optional: I grant permission for non-prescription medication (e.g. Tylenol, throat lozenges) and routine nonsurgical medical care to be given to my child, if deemed advisable by the school/parish personnel supervising the trip.

Signature _____ Date _____

COST: \$10 Please make checks payable to St Elizabeth Parish

From 3:00pm – 6:00pm I will be in need of a second adult set of eyes. If you can help please call/email Heather.