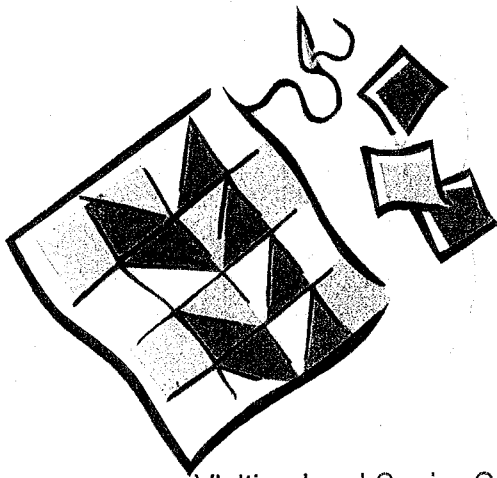


# M.A.C.Y SERVICE BLITZ



Visiting local Senior Centers



Working in local food pantries

Making soup for local outreach centers

Diaper collection

## February 4, 2012

### St. Brigid Parish

207 Ashman Street, Midland

## 10:00 a.m. – 3:00 p.m.

### 6<sup>th</sup> – 12<sup>th</sup> Graders

**Forms due into the Youth Ministry Office  
By Tuesday, January 30, 2012!!**

**PERMISSION FORM**  
**Youth Ministry Event: MACY SERVICE BLITZ**

**DATE & TIME OF EVENT:** Saturday, February 4, 2012

**DESTINATION:** Meet at St. Brigid Parish, 207 Ashman St. Midland

**DESIGNATED SUPERVISOR OF ACTIVITY:** Paula Dachsteiner

**COORDINATORS:** Sr. Mary Lou, Michelle Butterfield and Mary Clark

**METHOD OF TRANSPORTATION:** Own to and from the event /during the event: personal vehicle and bus

**DRIVERS NEEDED:** Yes \_\_\_\_\_ I would be willing to drive. Total # of seatbelts including driver \_\_\_\_\_

I, the parent of: (name) \_\_\_\_\_

(grade) \_\_\_\_\_ request that MACY Parishes allow my son/daughter age \_\_\_\_\_, to participate in the activity described above. I give permission for my child to participate in said trip. In consideration for my son's/daughter's participation, I hereby release, save harmless and indemnify MACY Parishes, its employees, volunteers, agents and any sponsors or benefactors of said trip from any and all liability from any and all injury. I understand that my son/daughter will be under the supervision of the designated supervisor and chaperons on the stated dates and that all parish rules listed below will be in effect. I understand and agree that, if my son/daughter violates a parish rule, he/she will be sent home.

*I am not a member of a MACY Catholic Parish but my son/daughter is friends with:*

**MEDICAL:** In case medical treatment is necessary and the parents or guardian cannot be located, the following authorization is needed, I (We) authorize the adult advisor in charge to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the state of Michigan.

Allergies: \_\_\_\_\_

Chronic diseases or medical problems: \_\_\_\_\_

Medicines son/daughter is now taking: \_\_\_\_\_

*Medicines that need to be dispensed during this activity must be given to the designated supervisor in its original container with directions and dosage.*

Medical Insurance Carrier: \_\_\_\_\_ Policy/Contract Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

PARENT (GUARDIAN) NAME (please print): \_\_\_\_\_

PARENT (GUARDIAN) SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

(EMERGENCY) \_\_\_\_\_

FAMILY E-MAIL ADDRESS: \_\_\_\_\_

\_\_\_\_ We do not have an email address, please continue to mail information to our family.

\*\*\*\*\*

**PARISH EVENT AGREEMENT:** Coupling swearing, smoking, drinking, gambling, possession of alcohol, drugs, or firearms are NOT permitted at our church youth functions. Any youth found in violation of these rules will have their parents called and will be sent home.

SIGNED (Teen): \_\_\_\_\_ DATE: \_\_\_\_\_

Cell # (teen), if applicable: \_\_\_\_\_

## ACTIVITY FLYER INFORMATION

**WHERE:** St. Brigid Parish, 207 Ashman Street, Midland, meet in the school gym

**DATE & TIME OF EVENT:** SATURDAY, FEBRUARY 4, 2012 10:00 AM – 3:00 PM

**DESIGNATED SUPERVISOR OF ACTIVITY:** PAULA DACHSTEINER (C 989-615- 6279).

**COORDINATORS:** Sr. Mary Lou (C 989-284-4245), Mary Clark and Michelle Butterfield)

**METHOD OF TRANSPORTATION:** BUS AND/OR PERSONAL VEHICLES TO AND FROM THE OUTREACH CENTERS WE WILL VISIT – DRESS FOR WEATHER ~WE MAY BE WALKING TO SOME LOCATIONS

*(Please note: The minimum acceptable liability limits for a privately owned vehicle is \$500,000 CSL [Combined Single Limit] or an Umbrella Policy. Drivers must fill out a Volunteer Driver Information Sheet located in the Faith Formation Office and have both sides of your drivers license copied.)*

**COST:** \$5.00 **OR** a package of diapers for children or adults (for the Midland Community Diaper Bank\*)

**DEADLINE: January 30, 2012**



**Keep this flyer for your information  
and return the attached  
permission form to the  
faith formation office**

\*Midland community Diaper Bank is a nonprofit 501(c)(3) charitable organization serving Midland County working to meet the needs for diapers at partner agencies working with individuals and families in crises.