

Brought to you by Cedar Rapids West Side Youth Ministry

All 5th-8th Graders are invited to attend.

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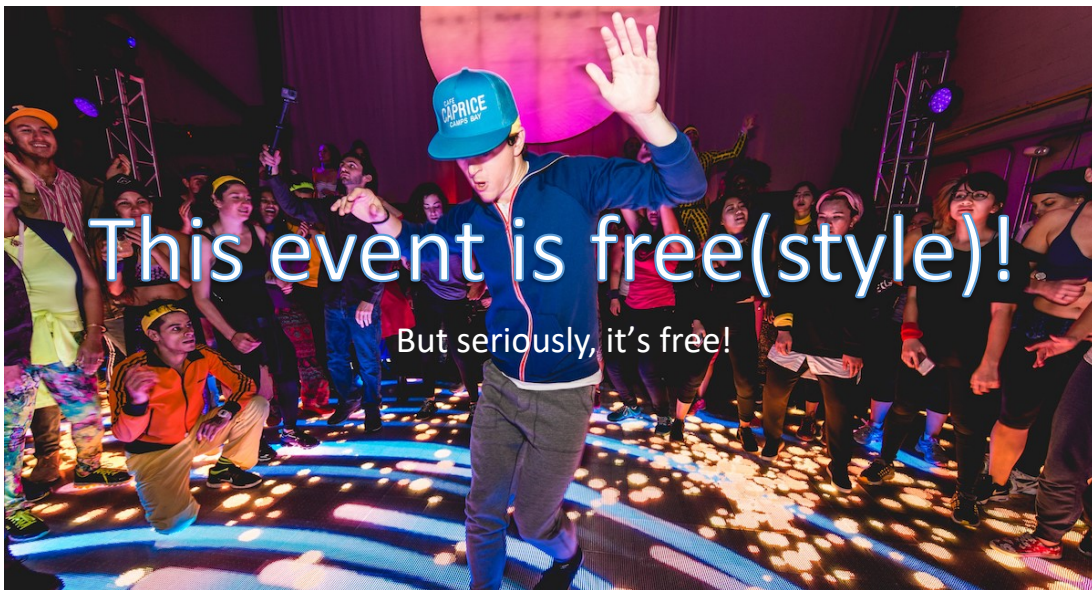
Middle School OVERNIGHT!

Thursday Night - Friday Morning

March

21-22

7:30pm-7:30am
at St. Jude Community Center



Be Prepared for all of these (optional) activities:

Nerf War	Service Activity
Pillow Dodgeball	Werewolf
Dance	Bonfire (possibly)
Talent Show	Wii Games
Movies	Karaoke
Arts and Crafts	Down Time Rooms

What to bring:

Pillows, sleeping bag, air mattress
Casual Clothing and Clothes for Daily Mass
Nerf Gun (optional)
Toothbrush/Toothpaste
A Talent—for the Talent Show (optional)
Food/Drink Item:
Boys—Drinks, Girls—Snacks

Registration is due on March 13. Can be sent to St. Jude— 50 Edgewood Road NW

Off-site/Field Trip Permission Form

School/Parish/Program Name: West Side Parish YM (St. Patrick, St. Jude, St. Ludmila, St. John XXIII)
Date Event Approved by Supervisor February 22, 2019
Person in Charge: Kari Hill - St. Jude Youth Ministry Grades: 5-8
Event and Purpose: Middle School Lock In- prayer, fellowship, fun
Date(s) of Event: March 21-22, 2019 Departure Time: 7:30pm Time of Return: 7:30 am
Cost of the Event: snack or drink Form of transportation: on your own

Section 1 - By signing this section, I (parent/guardian) certify that I request and give my permission for _____ (student/participant) to attend this event. Further, I have previously completed the Annual Parental/Guardian Consent Form and Liability Waiver and agree to the conditions as set forth.

Parent/Guardian Signature: _____ Date: _____

Contact Phone number(s) _____

Section 2 - Nonprescription Medication Permission - By signing this section, I hereby grant permission for nonprescription medication (i.e. ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child.

Parent/Guardian Signature: _____ Date: _____

Section 3 - Please list any medical information important for the adult in charge to know and/or any changes in this child's medical condition or emergency contact information since the completion of the Annual Parental/Guardian Consent Form and Liability Waiver.

Archdiocesan Policy 5141 covers the administration of prescription medication; contact the program administrator for additional information.

Please return this permission slip by Wednesday, March 13

Supervisor's Signature Kari Hill
(Principal, C/DRE, Youth Director, Pastor, etc.)

This is the only permission slip that will be accepted for this Event

----- Please detach and save for your information/reference -----

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