

Space is limited, so register  
now to get a spot!!!



# Service Saturdays

## Saturday, March 13



**Sharing and Caring Hands**  
A Compassionate Response to the Needs of the Poor

**Spend time playing with the kids living at  
Mary's Place Transitional Apartments.**

### Open to grades 6-12

**We will leave from St. Hubert's at 9:15 am & return at 2:00 pm.**

*Please bring money for lunch. Register by Wednesday, March 10*

Contact Jolaine (jolaine.liupakka@sthubert.org) or Sara (sara.svenby@sthubert.org) for more info.

#### SERVICE SATURDAY: PARENT AUTHORIZATION RELEASE & MEDICAL ATTENTION FORM

Youth's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Yes!! I want to be a chaperone. Name \_\_\_\_\_

#### Important Medical Information:

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Medical concerns: \_\_\_\_\_

*My son/daughter has permission to participate in the St. Hubert event. I understand such an event does involve some element of risk incidental to such participation, and I do release and hold harmless the Archdiocese of St. Paul/Minneapolis, St. Hubert Catholic Community, their employees, chaperones, leaders, or drivers except for their negligence. Neither the Archdiocese, St. Hubert Catholic Community, nor any said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity. I understand there is no medical insurance provided by the Parish or the Archdiocese. In the event of an emergency, I hereby authorize emergency treatment to be administered.*

*I also understand that if my son/daughter exhibits behaviors outside the guidelines set by the leaders that appropriate disciplinary action will be taken. Including and up to me being called and required to pick up my son/daughter early from this event.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I authorize and consent that the Church of St. Hubert be permitted to use and publish for advertising, commercial or public purposes the likeness of my son/daughter for any lawful purpose whatsoever, including electronic media and internet web sites. And I hereby release the Church of St. Hubert from any liability in connection with such use.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to participate in this event and follow the guidelines set by the leaders.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY: Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_