



Time to Dance!

Friday, November 16

7:00-10:00 p.m.

McGaw YMCA Children's Center Cafeteria

Some of our high school teens are planning a dance party!
We're inviting all the high school teens from Saint Mary,
Saint Nicholas, Saint Athanasius, Saint Joan of Arc
and Sheil Catholic Center.

**We've got big speakers to deliver music
with a pulse-pounding beat!
We'll project music videos on a big screen!
Guest teen DJs will program the music!**

Want to be a Guest DJ?

Submit a playlist of 3 songs for approval—along with
your name, age and high school by November 8

Email: youthministry@stmaryevanston.org

**Let us know you're coming
and how many friends you're bringing**



All teens will need a permission slip
to attend. Contact:
youthministry@stmaryevanston.org



Time to Dance!

Saint Mary Parish Youth Ministry Teen Dance Party

November 16, 2018 ~ 7:00-10:00 p.m.

McGaw YMCA Children's Center Cafeteria, 1420 Maple Avenue, Evanston

I hereby give permission for my son/daughter

_____, age _____, High School attending _____,
to participate in the Teen Dance Party, November 16, 2018, 7:00 p.m. to 10:00 p.m., sponsored by Saint Mary Parish, Evanston IL. Doors will open at 6:45 p.m., please be sure your teen has entered the building before you leave the parking lot. Teens must be picked up by 10:15 p.m. Please pick them up from Saint Mary's parking lot; no teens will be allowed to exit on Lake Street, Maple Avenue or to the alley.

I hereby release and indemnify Saint Mary Parish, its staff and volunteers and the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in the event. I understand that if my child violates any laws regarding possession of alcohol or drugs, or rules governing the event, I will be called and notified about the situation and will need to come and pick up my child, or make arrangements for someone else to pick up him/her.

I grant permission and authorize Saint Mary Parish and United Catholic Youth Ministry (UCYM), to use photographs/videos of my child for promotion in print publications or on parish websites.

_____ yes _____ no

Medical Authorizations

In the event that the undersigned cannot be reached and, if in the judgment of the responsible adults or other appropriate staff members, there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

I grant permission for the adult chaperones for this event to administer non-prescription drugs as needed for my child (aspirin, ibuprofen, antacids, etc.) _____ yes _____ no

Parent/Guardian

Name _____ Signature _____

Phone: _____ Date: _____
(Make sure this is a number where you'll be reachable during the event)

Email: _____

Emergency Contact

Name: _____ Phone: _____

Insurance Information

Policy in the name of: _____ Policy # _____

Insurance Company: _____ ID # _____

Health Information

Name of Physician: _____ Phone: _____

Allergies: _____ Medications: _____