



Haunted Hayride

Nightmare Hallow Scream Park
At Running Aces in Columbus, MN

All 6th, 7th, and 8th Grade students

Students may each bring 1 friend (they do not have to be from our church, but need permission slip & payment too.)

Friday, October 14
Check in at 6:15 pm
Pick up by 9:30 pm
\$22 per person

\$22 fee includes:

- Haunted Hayride
- Haunted House
- Transportation
- Bonfire at St. Joe's with s'mores
- Unlimited laughter (and screams!)

New this year: Following the hayride and haunted house, we'll return to St. Joe's for a bonfire with s'mores at our bonfire pit on the west side of the parking lot.

"Fun Fridays" are about having a good time with other kids from church, their friends, adults and teen leaders. It is expected that behavior, language and clothing show that we are part of a church group. Everyone is welcome and included in these activities. Scholarships are available for those with financial need.

Questions? Want to Chaperone? Free for chaperones!

Contact Chris Sauter 651.784.3015 ext 102 or ChrisS@SaintJosephsParish.org.

Register by Monday, October 10

NO WALK INS can be taken on the day of the event.

St. Joseph Parish
PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Event: Haunted Hayride
Date of Event: October 14, 2011
Time of Departure/Place: check in 6:15 St. Joe
Estimated Time of Return/Place: 8:30 St. Joe
Bonfire at St. Joe's upon our return until 9:30

Location: Running Aces, Columbus
Mode of Transportation: bus
Individual In Charge: Chris Sauter

Participant's Name _____ Member @ St. Joe's? _____

Birth Date _____ Age _____ Grade _____ Sex _____

Parent/Guardian's Name _____ Home # _____ Work # _____

Home Address _____

I _____, grant permission for _____
(please print parent or guardian's name) (child's name)

to participate in the above activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school and the Archdiocese of St. Paul/Minneapolis by myself, my child or others that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit.

EMERGENCY MEDICAL TREATMENT: *In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above number, contact:*

_____ (name) _____ (phone number)

MEDICAL INFORMATION

Medication my child is taking at present: _____

Health condition I'd like you to be aware of: _____

Family Health Plan carrier number **(optional)**:: _____

Family Doctor: **(optional)**:: _____ Phone _____

As a parent or guardian, I agree to all of the above stated considerations and conditions.

____ I, _____, know how much fun the hayride is and would *like* to chaperone this activity. (FYI – chaperones' tickets are free.)

____ I might be able to chaperone if you *really* need more adults to be able to go.

____ Sorry, no, it's: 1) way too scary for me, 2) my anniversary, 3) a bad night. But I'll pray for you!