

St. Thomas More Junior High Youth Group & High School Youth Ministry

# **Laser Tag at Laser Xtreme**



**SUNDAY, FEBRUARY 19, 2012  
(NO SCHOOL ON MONDAY – PRESIDENT’S DAY)**

**TIME: 8PM-10PM**

**LOCATION: LASER XTREME  
13409 SMITH RD  
NEXT TO THE SOUTHLAND SHOPPING CENTER**

***What you need to attend:***

***⇒ Permission Slip***

***⇒ Fee: \$20 (includes 2 hours of laser tag and snacks)***

***Permission Slip and fee due by Friday, February 17<sup>th</sup>.***

***There is a small arcade area please plan accordingly.***

**St. Thomas More Youth Group and Youth Ministry  
4170 North Amber Dr – Brooklyn, OH 44144**

Laser Tag at Laser Xtreme (Middleburg Hts) - Sunday, February 19, 2012

I, \_\_\_\_\_, am the \_\_\_\_\_ of  
(Name of Parent/Legal Guardian) (mother, father, custodial parent, legal guardian)

\_\_\_\_\_ who is a member of the St. Thomas More Youth Ministry/Group.  
(Name of Child)

I hereby request permission for the above named child to go to Laser Tag at Laser Xtreme with the St. Thomas More Youth Group or Ministry on Sunday, February 19th from 8pm to 10pm and I consent to the child's participation in such a field trip. I understand that no transportation will be provided and that I am responsible for providing transportation at the requested times.

In consideration of the child being allowed to participate in the field trip, on behalf of the child, my spouse and myself, I hereby assume all risks in connection with the field trip and I further release the Bishop of Cleveland, the Roman Catholic Diocese of Cleveland, St. Thomas More Parish, and the pastoral staff, employees and volunteers thereof from all claims, judgments, liability, for any injury or damage that the child or his/her estate, myself or my spouse ever had, now has or may have due to the child's participation in the field trip, including all risks connected therewith whether foreseen or unforeseen.

I authorize Mr. Jeff Stutzman, or any other adult chaperone or adult youth group advisor in whose care the child has been entrusted, to consent to any X-Ray, examination, anesthesia, medical or surgical diagnosis or treatment and hospital care to be rendered to the child under general or specific supervision of any physician or surgeon licensed to practice in the State of Ohio, and consent to any X-Ray, examination, anesthesia, dental or surgical diagnosis or treatment, and hospital care to be rendered to the child by any dentist licensed to practice in the State of Ohio. I give the authorization on the condition that I may not be reached by telephone at:

\_\_\_\_\_ or \_\_\_\_\_, or if consent by telephone is not valid  
(Home Phone Number) (Work Phone Number)

by state law. My Child's regular physician is \_\_\_\_\_ whose telephone number  
(Doctor's Name)

is \_\_\_\_\_. My child's regular dentist is \_\_\_\_\_ whose  
(Doctor's Telephone Number) (Dentist's Name)

telephone number is \_\_\_\_\_.  
(Dentist's Telephone Number)

The following including any allergies the child may have, any medications, the child may be taking and other facts which a physician or dentist should be alerted to:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ My child may be given Tylenol if needed while at this event. (Please check if accepted)

\_\_\_ I would be willing to chaperone this event (please arrive 15 minutes before noted time)

I fully understand that what is involved in the field trip, and understand that I have the opportunity to call Mr. Stutzman and ask him about the field trip.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**This permission slip must be turned in by Friday, February 17, 2011  
with \$20.00 (includes 2 hours of laser tag and snacks).**

**There is also a small arcade area at Laser Xtreme please plan accordingly.**