

St. Catherine Laboure Office of Youth Ministry
3846 W. Redondo Beach Blvd.
Torrance CA 90504 (310)515-6033

EVENT: Laser Storm Lock-in

DATE: Friday, January 11, 2019– Saturday, January 12, 2019

LOCATION: Laser Storm, 22535 Hawthorne Blvd., Torrance
310/373-8470

CHECK-IN TIME: 11:15 pm Friday

DROP-OFF: Meet at Laser Storm

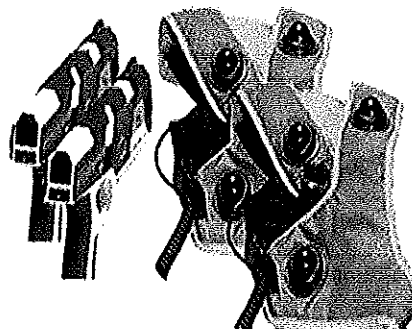
ENDING TIME: 7:00 am Saturday morning, January 12, 2019

RETURN: Be picked up at Laser Storm

COST: \$28 for laser tag, games, pizza, drinks and donuts & milk for breakfast.

TRANSPORTATION: Private car. TRANSPORTATION IS NOT PROVIDED BY YOUTH MINISTRY.

SIGN-UP DEADLINE: PERMISSION SLIPS & \$28 DUE BY THURSDAY, JANUARY 10TH.



_____ HAS MY PERMISSION TO PARTICIPATE IN THIS EVENT.
DURING THE EVENT, I MAY BE REACHED AT THE PHONE NUMBER(S) LISTED BELOW. I ASSUME
ALL RESPONSIBILITY FOR MY SON/DAUGHTER.

I AGREE THAT I WILL ARRANGE TRANSPORTATION HOME FROM THE EVENT SHOULD MY
SON/DAUGHTER BEHAVE IMPROPERLY. IN CASE I CANNOT BE REACHED IN AN
EMERGENCY, I AUTHORIZE ANY YOUTH MINISTRY CHAPERONE TO OBTAIN WHATEVER
EMERGENCY MEDICAL OR DENTAL EXAMINATION AND/OR TREATMENT MAY BE DEEMED
ADVISABLE BY A PRACTITIONER DULY LICENSED BY THE STATE OF CALIFORNIA.

I UNDERSTAND THAT ONLY THOSE PERSONS CONNECTED WITH THE YOUTH MINISTRY
GROUP ARE CONSIDERED PARTICIPANTS IN THIS EVENT.

Parent/Guardian Signature Date Home Phone

() _____ () _____
Dad:Work Phone Mom:Work Phone Insurance Company Policy #

Allergies/medical conditions Medications needed

YOUTH CONTRACT: MY CONDUCT ON THIS OUTING WILL BE THAT OF A CATHOLIC
CHRISTIAN. IF MY CONDUCT IS UNCHRISTIAN OR INAPPROPRIATE, OR IF I POSSESS OR USE ANY
ILLEGAL SUBSTANCE, I CHOOSE NOT TO PARTICIPATE. IN THIS CASE MY PARENTS WILL BE
INFORMED OF MY CONDUCT AND THEY WILL BE REQUIRED TO PICK ME UP IMMEDIATELY AND
TAKE ME HOME.
I AM THE ONLY PERSON RESPONSIBLE FOR MY ACTIONS, WHATEVER THEY MAY BE.

Youth Signature Date