

Introducing...

# Parent's Night Out! (Kids' Night In!)

- Who:** St. Katharine Drexel Parishioners
- What:** A "drop-your-kids-off" event for all - games, videos, treats, crafts, story-telling, etc. Parents/adults have the evening out while Sisters Bridget and Dianne and members of the junior/senior high kids supervise the evening of fun for your younger ones.
- When:** **Friday, December 3 from 5-10 p.m.** (You can choose the drop off and pick up times within this range)
- Why:** Just for fun and so adults can have some time together to do what you'd like...
- Cost:** Nada. Zero. Zip. Nothing.
- Sign up:** You must pre-register by completing the form below and turning it into the parish office no later than **Wednesday, November 24<sup>th</sup>**.

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## Parent's Night Out Registration Form (Submit by November 24, 2010)

Family Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### Participants:

Child's Name : \_\_\_\_\_ age \_\_\_\_\_

Child's Name : \_\_\_\_\_ age \_\_\_\_\_

Child's Name : \_\_\_\_\_ age \_\_\_\_\_

Child's Name : \_\_\_\_\_ age \_\_\_\_\_

Child's Name : \_\_\_\_\_ age \_\_\_\_\_

Child's Name : \_\_\_\_\_ age \_\_\_\_\_

(OVER)



**Parent's Night Out** is sponsored by the Youth Ministries of St. Katharine Drexel. If you have a young person in the middle and/or high school age range who are willing to serve as a caregiver for this event, please have him/her contact S. Bridget ASAP. She can be reached by phone at 763-323-7012 (OK to leave a message) or by e-mail at [bwaldorf@stkdcc.org](mailto:bwaldorf@stkdcc.org).



**Release information:**

I, \_\_\_\_\_, grant permission for \_\_\_\_\_  
Parent or Guardian Name Child(ren)s Name(s)

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Saint Katharine Drexel Catholic Community and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against Saint Katharine Drexel Catholic Community /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 the Archdiocese in defense of such a claim/suit.

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

\_\_\_\_\_  
Name Phone Number

**OPTIONAL MEDICAL INFORMATION:**

Medication my child is taking at present \_\_\_\_\_

Family Health Plan carrier number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

\_\_\_\_\_  
Signature Date