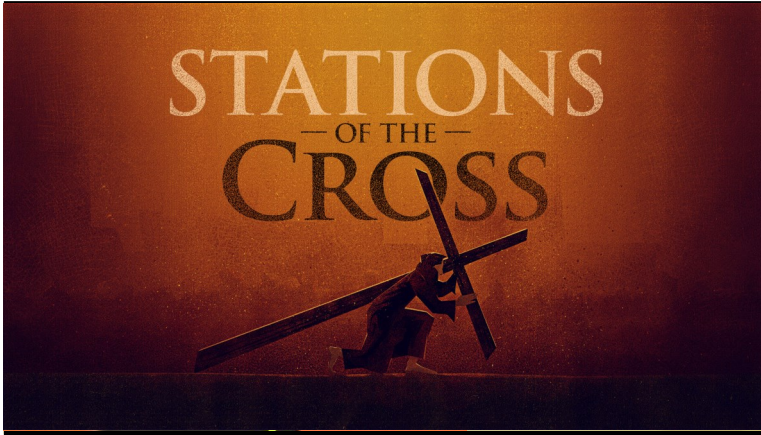


# EDGE: FEBRUARY

## FISH FRY AND FELLOWSHIP



# FEBRUARY 23, 2018

# 23 DE FEBRERO DEL 2018

### DETAILS/ DETALLES

#### Who/ Quienes:

Middle School Students

#### Where/Donde:

St. John Neumann Parish Hall

#### Cost/ Costo:

FREE! But Bring \$10 for snacks and dinner: fried fish and coleslaw

#### Drop Off/ Dejarlos:

February 23 at 6:00 p.m. at SJN's Parish Hall

#### Pick Up/ Recojerlos:

February 23 at 8:00 p.m. at SJN's Gathering Area

### HOW TO REGISTER/ COMO REGISTRARSE

Turn in permission slip no later than  
**Thurs., Feb. 22**

*Entregue ambos formularios de permiso y de seguridad (waiver) antes que el Jueves, 22 de Febrero.*

Keep letter for reference.  
*Mantenga esta pagina para su referencia.*

#### Questions? Preguntas?

Meg@4sjnc.org / Jiadira@4sjnc.org

#### Contact during event:

#### Contacto durante evento:

Meg Stasko (704)575-8537  
Jiadira Choque (704)495-4808

### DETAILS/ DETALLES

We will be celebrating lent by gathering at the Knights of Columbus' Friday Night Fish Fry in the Parish Hall and then going into the Sanctuary to pray the Stations of the Cross.

#### WHAT TO BRING? QUE TRAER?

\$10 to buy dinner and dessert :)

#### REMEMBER. RECUERDEN.

You're representing SJN, so be on your best behavior.

Estan representando a SJN, entonces a tener una buena actitud.

# EDGE FEBRUARY 2018

## Personal Information

Participant Name:

Street Address:

City, State, ZIP :

Age:

Gender:

T-Shirt Size: **N/A**

School:

Grade:

Parent Name:

Parent Home/Cell :

Parent Email:

Primary Physician:

Insurance Company:

Policy #:

Health Issues?

Medications?

## RELEASE

I hereby consent to participation by my child in the event titled above. I understand that a portion of this event will take place away from parish grounds and that my child will be under supervision of the designated supervisor (s) and adult chaperones. I further agree that I have received information about this event and consent to the conditions of participation in this event, including the method of transportation. I give my permission for my child, in case of an emergency, to be taken to a physician or hospital by either the supervisor in charge or by an adult chaperone. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected to hospitalize and secure proper treatment (including surgery) for my son/daughter/guardianship.

I give permission for the Diocese of Charlotte and/or St. John Neumann Catholic Church to make use of pictures of my child for parish or diocesan publications and websites. I hereby release the Diocese of Charlotte, St. John Neumann Catholic Church and all of its affiliated entities, including its employees and volunteers from all liability for any damages suffered as a result of or relating to this trip and the use of any photograph, slide, or video.

<b>Parent/ Guardian Name (Printed):</b>		<b>Date:</b>
<b>Parent/ Guardian Signature:</b>		

## FOR OFFICE USE ONLY

<b>TOTAL:</b> \$0	<b>Payment 1</b> ___/___/___	<b>Payment 2</b> ___/___/___	<b>Payment 3</b> ___/___/___	<b>Payment 4</b> ___/___/___
	Type: _____	Type: _____	Type: _____	Type: _____
	Amt: _____ Bal: _____	Amt: _____ Bal: _____	Amt: _____ Bal: _____	Amt: _____
	Received By: _____	Received By: _____	Received By: _____	Received By: _____