

# HOLY FIRE GREAT LAKES

**SUNDAY,  
OCTOBER 13  
2019**

**10:00 AM-4:00 PM  
DOORS OPEN AT 9:00 AM**

*A Middle School Event Like No Other!*

**STROH CENTER AT BOWLING GREEN STATE UNIVERSITY, OH**  
1535 E WOOSTER ST, BOWLING GREEN, OH 43403

## FEATURING



KATIE PREJEAN  
MCGRADY



JOE MELENDREZ



BRIAN GREENFIELD



SARAH KROGER



DOM QUAGLIA



BISHOP DANIEL THOMAS,  
DIOCESE OF TOLEDO



BISHOP BOYEA,  
DIOCESE OF LANSING

## TICKET PRICES

**\$35 UNTIL JULY 14 • \$40 BETWEEN JULY 15 AND SEPTEMBER 15 • \$45 AFTER SEPTEMBER 16**  
ALL ATTENDEES MUST BRING A LUNCH

ST. MICHAEL WILL BE TAKING A BUS LEAVING AT 8:30AM. SEE BACK FOR REGISTRATION DUE SEPT. 30.

**EMERGENCY MEDICAL RELEASE FORM and PERMISSION FORM 2019-2020**  
**ST. MICHAEL YOUTH MINISTRY**

YOUTH NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

YOUTH CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PARENT NAMES \_\_\_\_\_ CELL # \_\_\_\_\_ EMAIL \_\_\_\_\_

Please complete this form and it will remain on file for the **2019-2020 year** in youth ministry. Please send to St. Michael Parish, attn. Alyssa Brown, 750 Bright Road, or place it in the Sunday collection basket. Thank you!

(The purpose of the following medical release form is to enable parents and guardians to authorize the provision of emergency treatment for minors who become ill or injured under St. Michael's Youth Ministry authority, when parents and guardians cannot be reached.)

In the event reasonable attempts to contact me at \_\_\_\_\_ (home phone #) or \_\_\_\_\_ (cell phone #) or \_\_\_\_\_ (other parent or guardian) at \_\_\_\_\_ (phone #) have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary to

Dr. \_\_\_\_\_ (preferred physician) at \_\_\_\_\_ (phone #)

Dr. \_\_\_\_\_ (preferred dentist) at \_\_\_\_\_ (phone #)

or in the event that the designated practitioner is not available, by another licensed physician or dentist.

2. The transfer of the minor to the nearest hospital.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

List facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

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

Name of Policy Holder \_\_\_\_\_ Name of Insurance Carrier \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

**Also**, as parent or legal guardian, I give \_\_\_\_\_ my **permission** to participate in St. Michael Youth Ministry activities and trips. I agree to assume full responsibility for bodily injury, loss of personal property, and expenses thereof, if they should occur as the result of my youth's negligence. In consideration for my youth's participation, I further agree not to hold St. Michael Church, the Coordinator of Youth Ministry, or Youth Ministry Volunteers to claims of ordinary negligence. I also agree that pictures taken at functions sponsored by St. Michael Parish can be posted on the parish website,

X \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of parent or **legal** guardian)

Address: \_\_\_\_\_

(OVER)