

Annunciation Parish Presents...

# Alter Server Appreciation

“Come For The Rides. Come For The Thrills. come for the fun!”



Valley Fair  
Wednesday, July 28, 2010  
9:30am-4:00pm

WHAT: Our way of saying “Thank You” for serving this year

COST: FREE - Parish will pay for bus transportation and admission

BRING: Comfortable clothes and shoes, swimsuit, towel, sunscreen, sunglasses and money for food.

#### HOW DO I REGISTER?

Universal Medical Form Required! If not already on file, extra forms are available outside the Youth Room and on our website at [www.annunciationmsp.org](http://www.annunciationmsp.org), then click Liturgy & Music. Have a parent complete a Universal Medical Form and Permission Slip by Friday, July 24th to the youth room. Or mail to Annunciation Youth Ministries, 509 W. 54th Street, MPLS, MN 55419.

QUESTIONS: Call Jimmy at 612-824-9993 x243, or you can send an email to [jim.dunn@annunciationmsp.org](mailto:jim.dunn@annunciationmsp.org)

SHINE ONLY: If weather is questionable call the Youth room 1 hour prior to start time to hear recorded message with instructions.

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#### FOR PARENTS:

I give permission for my child \_\_\_\_\_ to take part in the Alter Server Valley Fair Trip sponsored by Church of the Annunciation. In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and so hereby release, absolve, indemnify and agree to hold harmless the Archdiocese of St. Paul and Minneapolis, the Church of the Annunciation, their agents, employees and officers, and the chaperones, leaders, organizers and sponsors and the persons transporting our child to and/ or from these activities. Neither the Archdiocese of St. Paul and Minneapolis, the Church of the Annunciation, nor any of said persons shall be held financially responsible for any injury, illness or death incurred as a direct result of this activity. We, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency and we cannot be contacted, we hereby authorize that emergency treatment may be administered.

PARENT SIGNATURE: \_\_\_\_\_

Annunciation Parish  
Alter Server 2009-2010  
UNIVERSAL MEDICAL FORM

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: (Daytime) \_\_\_\_\_ (Cell) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: (Daytime) \_\_\_\_\_ (Cell) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Allergies, Disease, Disorders, Disabilities? Please specify: \_\_\_\_\_

Will you be bringing and/or using any medication while on the trip? Yes    No  
If YES, Please explain (ALL information CONFIDENTIAL):

Insurance Company and Policy Number: \_\_\_\_\_

Names and Phone numbers of 2 relatives and/or friends to contact if parents cannot be reached:

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_