

# St. Margaret Mary Parish

## Altar Server Pilgrimage



### You're Invited to a Day of Prayer and Fun

**When:** Saturday, May 18, 2019

From 9:30 AM – 6:30 PM

**Where:** Shrine of the Blessed Virgin Mary of Mount Carmel

1628 Ridge Road, Munster, IN 46321

(We meet at St. Margaret Mary parking lot at 9:15 AM.)

**Transport: Parent drivers are needed**

To volunteer please contact Dee Gard at [jerryanddee@comcast.net](mailto:jerryanddee@comcast.net)  
or 847-854-7430.

(Keep this portion of the form as a reminder)

### Liability Release Form

Please PRINT – One form per participant

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address \_\_\_\_\_ Year of Graduation \_\_\_\_\_  
 City \_\_\_\_\_ St. Zip Phone \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

### Parent/Guardian

I, \_\_\_\_\_ (Parent Name), give permission to my above named son/daughter to participate in the **Altar Server Pilgrimage Trip to Shrine of the Blessed Virgin Mary in Munster, IN on Saturday, May 18, 2019.** I hereby release and indemnify St. Margaret Mary Parish and its staff and volunteers and the Catholic Bishop of Rockford from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated and/or given medication in accordance with standard medical practice by licensed medical personnel. Finally, I agree to accept any and all financial responsibilities as a result of scheduling medical treatment.

My child agrees to abide by all the rules and regulations stated by St. Margaret Mary Staff. I understand that St. Margaret Mary Church will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the event at my expense.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone number where you can be reached during the event (\_\_\_\_) \_\_\_\_\_

Regular Physician \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Insurance Information:

Insurance Co. \_\_\_\_\_ Policy Holder \_\_\_\_\_

Policy Number \_\_\_\_\_ I.D. / SSN \_\_\_\_\_

Please list below all allergies or special medical concerns your child may have:

**THIS FORM IS DUE Saturday, May 11, 2019**

Return to Church Office