



HOLIDAY PARADE

November 7, 2017

On Saturday, Nov. 18, Holy Family School will be participating in the Granite City Holiday Parade. The parade begins at 1:00 p.m. Students accompanied by a parent are welcome to ride on the float or walk to pass out candy. This year's theme is "Jingle Bells." Please wear red and a Santa hat. Holy Family Spirit Wear is welcome.

If you wish to participate, please fill out the attached form and return to school by Nov. 13. More information will be sent home with participating students at a later date.

We are asking each family to send in candy or a donation of \$5.00. This is a great way to get the Halloween candy out of the house. Please send it to school by Nov. 15.

RETURN ATTACHED FORM





HOLIDAY PARADE PERMISSION SLIP

I/we request that my child (print), _____, Grade _____, be allowed to participate in Santa's Holiday Parade on Saturday, Nov. 18, 2017, with students from Holy Family School (thereafter the "organization"), beginning about 1:00 p.m., in Granite City, because we believe this activity will benefit our child both educationally and spiritually.

I/we understand that all rules of conduct and standards of behavior, as deemed by the Organization will apply to this activity and we have discussed these with my/our child. In consideration for making this agreement, I/we hereby release and save harmless the Organization and all its employees from any and all liability arising to my child as a result of this activity.

My/our child has been informed that he/she is to abide by the rules and regulations including the directions and instructions from the school's administrators, instructors, and supervisors as imposed on students while participating in this activity. This shall include his/her participation in any planning and information sessions and all the prerequisites prior to his/her participation in this activity. In the event that our child fails to abide by the rules and regulations imposed on the student while participating in this activity, disciplinary action may either require that he/she not participate in the activity.

I/we further understand that the Organization is not responsible for any damages or accidents that may result from our child's actions or the actions of others. To the greatest extent possible, we release the Organization and the Diocese of Springfield in Illinois, and all those acting on their behalf, from all liability for damages to or caused by our child as a result of this activity, and I/we agree to indemnify them for any such damages.

In the event of an emergency, we hereby grant permission to the adults supervising this activity, or any licensed hospital or physician, to authorize immediate emergency medical treatment for our child. Additionally we give permission to transport our child for emergency medical treatment. We wish to be advised prior to any further treatment by the hospital or doctor.

Emergency Contact / Medical Information: (Please Print)

Father/Guardian: _____ Daytime Phone: (____) _____
Mother/Guardian: _____ Daytime Phone: (____) _____
Address: _____ Home Phone: (____) _____
Other Contact Person: _____ Phone: (____) _____
Medical Insurance Company: _____
Company Address: _____ Policy Number: _____
Medical Conditions/Allergies: _____

Signature

Date