

End-of-Year VIP Bowling Night



Location: BAM! (478 E. 16th St., Holland, MI 49423)

When: April 14 from 6-8 p.m.

Drop-Off Time: 5:45 p.m.

Pick-Up Time: 8 p.m.

Cost: \$15

Let's end the year with a BAM! We've rented out the VIP Room at BAM! in Holland for two hours, and all high schoolers and eighth graders are invited! We're also throwing in an endless pizza buffet on top of that. \$15 covers the unlimited bowling, shoes, and endless pizza dinner! The registration form and

payment are due by April 7. An extra \$10 for kids to bring for themselves is not required, but it is encouraged in case they want to take advantage of the arcade or buy an extra snack.

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2019 End-of-Year VIP Bowling Night Registration Form

Due on Sunday, April 7

Student Name: _____ Allergies: _____

Email: _____ Grade: _____

Phone Number of Parent or Guardian During Retreat: _____

Email Address of Parent or Guardian: _____

As legal guardian, I give permission for my child(ren) to participate in the Discipleship Program, including service trips and other activities sponsored by the Discipleship Program of Our Lady of the Lake Catholic Parish. I understand that photos and video taken may be used for classroom use, publicity and promotion of programs. I understand that there will be no remuneration for such use. If I do not wish for my child's photo to be used, I will submit my request in writing to the Discipleship office. I hereby authorize first aid/medical treatment for my child/children, listed above, in the event of an emergency, which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to contact the parents/legal guardians listed on this form, as soon as reasonably possible. In the event that the aforementioned requires my authorization for treatment and I cannot be reached in an emergency, I hereby give my permission to the physician selected by the activity leader to hospitalize, secure medical treatment, and/or order an injection, anesthesia or surgery for the aforementioned as deemed necessary. I understand all reasonable safety precautions will be taken at all times by the parish and its agents during Our Lady of the Lake programs. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Our Lady of the Lake Parish, its leaders, employees, drivers, volunteers, or the Roman Catholic Diocese of Grand Rapids liable for damages, losses, diseases, or injuries incurred by the aforementioned.

Signature: _____

Date: _____

Office Use Only:

Date	Ck#/Cash	Amount	Program #	Init
			E-02-40-524-81	