



Student Name: _____
DOB: ____/____/____ Grade: _____
Address: _____
City: _____ Zip: _____ Tel: _____
Parent/Guardian Name: _____
Home Phone: _____ Work Phone: _____

This acknowledges that our student has permission to participate in the stated activity (McValentine's). I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, secure proper treatment, and/or order an injection, anesthesia, or surgery for my student as deemed necessary. I also understand that all activities are planned carefully and adequately supervised by mature adults. By signing this I assume and accept all risks and hazards inherent in church-related activities and agree not to hold the church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned.

Parent/Guardian Signature: _____
Family Insurance Carrier & ID #: _____
Prescription Medicine: _____
Allergies: _____

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You are cordially invited to
Underground Junior High's
McValentine's Dinner

DATE: WEDNESDAY, FEBRUARY 15TH, 2012
TIME: 6:30-9:00PM
(DOORS OPEN AT 6:30PM
DEPART FOR MCDONALDS AT 7PM
PICK-UP AT CHURCH AT 9PM)
PLACE: MCDONALDS (DROP OFF AND PICK UP AT CHURCH)
COST: ENOUGH MONEY TO COVER YOUR DINNER
AT MCDONALDS

JOIN US FOR AN AMAZING NIGHT OF FUN, HANGING OUT WITH YOUR FRIENDS AND LAUGHING THE NIGHT AWAY WITH GOOD OL' RONALD MCDONALD. YOU CAN DRESS FORMALLY, SEMI-FORMALLY, OR JUST WEAR REGULAR CLOTHES. DON'T MISS OUT AND MAKE SURE TO INVITE YOUR FRIENDS!



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