

**Service Day - Visit the Sick – Sunday, April 23 – 1:20 pm to 5:20 p.m.
All Saints High School and Middle School Youth Ministry**

We will be visiting elderly patients at area nursing homes and assisted living facilities. Adult volunteers will be driving small groups of people to different locations.

Project Requirements:

1. **You MUST sign up online at** <http://signup.com/go/nzJtaF>. **Open to high school and middle school participants and adults. Space is limited.**
2. You must bring this signed waiver (download at <http://www.allsaintsknoxville.org/youth-ministry>) to participate.
3. Wear comfortable, closed toe shoes and appropriate modest clothing (PANTS or CAPRIS only. No SHORTS, ALL SHIRTS MUST HAVE SLEEVES. LIMIT EXPOSED SKIN). Please keep in mind that nursing homes are usually warm temperatures.
4. Please meet at All Saints at 1:20 pm to be split into groups to go to sites.

You will find out your group assignment when you arrive.

PLEASE CUT AND RETURN THE FORM BELOW:

**Service Day - Visit the Sick – Sunday, April 23 – 1:20 pm to 5:20 p.m.
All Saints High School and Middle School Youth Ministry
Permission Form and Liability Waiver**

Participant's Name: _____ Age: ____ Grade ____ Gender: _____
Home Phone: _____ Address: _____
City: _____ Zip: _____

I, (Name of parent or guardian) _____ grant permission for my child (name of child) _____ to participate in the **Service Day - Visit the Sick – Sunday, April 23 – 1:20 pm to 5:20 p.m.** I agree on behalf of myself, my child's other parent if known or living (Name of other parent) _____ to hold harmless and defend All Saints Catholic Church, The Diocese of Knoxville, its officers directors and agents, the chaperones, or representatives associated with the event, arising from or in connection with any illness, injury, death, or cost of medical treatment in connection therewith, and I agree to compensate the Diocese of Knoxville, chaperones, or representatives associated with the event for reasonable attorney fees and expenses arising in connection therewith.

Parent Signature _____ Date _____
Parent Printed Name _____

Please check ONE of the following:

- My child is registered in the Religious Education/Confirmation program at All Saints and has a current medical form on file for 2016-2017 (Please turn in this form only).
- My child is not registered in the Religious Education program at All Saints (Please turn in this form and the medical form. If you need a medical form, please contact Annie Nassis at 474-8609 or annieatallsaints@yahoo.com for a form or go to <http://www.allsaintsknoxville.org/youth-ministry> to download a medical form.