

**SD12: SERVIO DEO**  
(I SERVE GOD)

**When: June 3rd (Sun.) – June 8th (Friday)**

**Where: Bay St. Louis, MS**

**Housing: St. Stanislaus in Bay St. Louis**

**Transportation: Chaperones Vehicles and church bus**

**Cost: \$400** If you do not participate in any fundraisers

**Deposit: \$175-** This is all you will have to pay if you participate in **ALL** fundraisers including stock certificates. You will only get credit for the Fundraisers you work.

**Mandatory Meeting: JANUARY 30TH AT 6:30PM** (in the church)

Things you need to turn in to save your spot:

- Bottom of this sheet page 1 and 2
- \$175 (make checks out to Holy Family)

**January 30th Meeting:**

At this meeting Students and Drivers will need to bring :

1. Medical Insurance Info
2. SS#
3. Doctor's name, Phone number, and address

Drivers will need in addition:

1. Drivers insurance Information including: liability limits and policy number
2. License plate number and expiration date
3. Drivers license Number and exp. date

**Needed Information:**

What size t-shirt? S  
M  
L  
XL  
XXL  
XXXL

Does your Mom or Dad want to chaperone & drive? Yes  
No

**Drivers Answer Below**

How many seatbelts does your car have including the driver? 4  
5  
6  
7  
8

What is the driver's name?

Print Name

Driver's t-shirt size?

t-shirt size

Return below this Line

Youth Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Parents name \_\_\_\_\_ Youth Age on June 3, 2012 \_\_\_\_\_

Parent Cell \_\_\_\_\_ Teen Cell \_\_\_\_\_

Best e-mail address to use for your household \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Liability and Medical Release**

By signing this you agree that your daughter or son has permission to participate in the Holy Family Life Teen Servio Deo Mission Trip on June 3rd –June 8th. I do understand that my child will be leaving the state to travel to Bay St. Louis, MS and surrounding areas. I, as parent or legal guardian , not Holy Family Catholic Church, Diocese of Nashville , or those acting as chaperones on this trip, remain fully responsible both legally ,physically, and financially for the above named youth. I also hereby give my consent for any medical treatment deemed necessary by the Holy Family Chaperones and agree to a transfer of my child to any reasonably accessible hospital or physicians office.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

# SD 12: SERVIO DEO (I SERVE GOD)



**Spots are filled on a first come first serve basis!!!!**

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RETURN BELOW THIS LINE

## Participant and Parent

All Participants and a parent or guardian must fill out this section:

I, (participant full name) \_\_\_\_\_, and my parent or legal guardian, (parent/ guard. full name) \_\_\_\_\_ agree on behalf of myself, my heirs, assigns, executor, and personal representatives, to hold harmless and defend Holy Family Catholic Church, Diocese of Nashville, its officers, director, agents, employees, or representatives associated with the field trip/mission trip from any and all liability claims, loss or damage arising from or in connection with my participation in the field trip/mission trip.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

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

Print name \_\_\_\_\_

## Driver and/or Chaperone (only)

All Drivers and Chaperones must fill out this section:

I, (full name) \_\_\_\_\_, agree on behalf of myself, my heirs, assigns, executor, and personal representatives, to hold harmless and defend Holy Family Catholic Church, Diocese of Nashville, its officers, director, agents, employees, or representatives associated with the field trip/mission trip from any and all liability claims, loss or damage arising from or in connection with my participation in the field trip/mission trip.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_