



**ZAP ZONE, LASER TAG
31506 GRAND RIVER
FARMINGTON,
SATURDAY, NOVEMBER 22,
6:45 – 9:00 PM
\$23.50 per person & snack to share**

High school students and their friends are invited and join us for a night of Laser Tag on Saturday, November 22nd from 6:45 to 9:00 PM. Zap Zone has moved to the opposite side of the street from their old location to a much bigger facility. I signed us up for the **ULTIMATE PARTY**, which includes the use of a party room, pizza and pop, and two games of Laser Tag. You will also have your choice of playing 18 holes of Glow Golf, or 10 frames of Canadian Bowling, or 5 minutes on the Go Carts or 5 minutes on Bumper Cars.

We will meet at Zap Zone. Parents are responsible for transportation.

Adult chaperones are needed for this activity and play for free!

Cost is \$23.50 and a snack to share!

Registration deadline is November 18th.

PARENT PERMISSION FORM

Dear Parent or Legal Guardian,

Your child is eligible to participate in a youth ministry sponsored activity requiring transportation to a location away from the parish premises. This activity will take place under the guidance and supervision of employees and volunteers from St. William Parish. A brief description of the activity follows:

Name of Event: Zap Zone Laser Tag

Destination: Zap Zone, 31506 Grand River, Farmington (1 block W. of Orchard Lake Road)

Designated Supervisor of Activity: Marge Shackett

Date and Time: Saturday, November 22nd. Meet at Zap Zone at 6:45 PM

Parents are responsible for transportation. Student Cost: \$23.50 & snack to share

If you would like your child to participate in this event, please complete, sign, and return this form to Marge Shackett, Office of Youth Ministry, by November 18th. Make checks payable to: St. William

STATEMENT OF CONSENT

I hereby consent to participation by my child, _____, in the event described above scheduled for _____. I understand that this event will take place away from parish grounds. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this event, I agree to indemnify and hold harmless St. William Parish, any and all affiliated organizations, its/their employees, agents, representatives, volunteers and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event.

I authorize St. William Parish to obtain necessary medical treatment for my child in case of illness, injury or accident. My child has the following medical conditions or allergies about which a health care provider should be told _____ none _____

During this event I can be reached at _____ or call Name _____
Relationship to child _____ Phone _____
Insurance Company _____ Policy Number _____
Physician's Name _____ Phone _____

First Name: _____ Last: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Grade: _____ Birth date: _____ Email: _____

Parent Signature: _____ Date: _____

Are you available to chaperone? Yes No