



# Seton Summer Spirit

## Aug. 10, 11 & 12, 2009

### 9:00 - Noon

Saint Elizabeth Seton Church

280 Brook Street, Rocky Hill, CT 06067 - phone 529-3222 fax 529-6421

### Teen Volunteer Sheet

<b>Teen Name</b>	<b>Grade in Fall 2009-10</b>		
<hr/>			
<b>Parent's Name(s)</b>			
<hr/>			
<b>E.mail address</b>			
<hr/>			
<b>Address</b>	<b>ZIP</b>		
<hr/>			
<b>Phone #'s</b>	<b>Teen Home</b>	<b>Parent Work</b>	<b>Teen Cell</b>
<hr/>			

We need Teens who can help lead the fun for all three days from 8:45 - 12:30.

Please check off ALL of the following you would be interested in doing - Be sure to fill in back of form

I'd enjoy helping with Games	<input type="checkbox"/>	I'd enjoy helping with Crafts	<input type="checkbox"/>	I'd enjoy helping w/ experiments	<input type="checkbox"/>
I'd enjoy creating fun snacks	<input type="checkbox"/>	I'd enjoy helping with singing	<input type="checkbox"/>	I'd enjoy telling stories	<input type="checkbox"/>
I'd enjoy making canyon decorations	<input type="checkbox"/>	I'd like to act in skits	<input type="checkbox"/>	I enjoy dance rhythm fun	<input type="checkbox"/>
I'll do anything that needs to be done	<input type="checkbox"/>	I enjoy board games puzzles	<input type="checkbox"/>	I enjoy active games	<input type="checkbox"/>
I can help in the office	<input type="checkbox"/>	I enjoy kids ages 2-4 yrs	<input type="checkbox"/>	I enjoy kids ages 5-6 yrs	<input type="checkbox"/>
I'll do anything that needs to be done	<input type="checkbox"/>	I enjoy kids ages 7-8 yrs	<input type="checkbox"/>	I enjoy kids ages 9-11 yrs	<input type="checkbox"/>
<b>Other</b>		SET UP SUNDAY 8/9 at 1:00pm	<input type="checkbox"/>	Clean up Wed Aug. 12th 7:30 pm	<input type="checkbox"/>

**List any Allergies** 

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**My talents and experience are:**

**Anything else we need to know:**

Saint Elizabeth Seton Church  
Seton Summer Spirit  
**Parent/ Legal Guardian Permission Slip**

Dear Parent or Legal Guardian,

Your son/daughter, is eligible to participate in Seton Summer Spirit. This activity will take place under the guidance and supervision of **The Seton Summer Spirit Teachers.**

Location: Saint Elizabeth Seton Church, 280 Brook Street, Rocky Hill, CT

Dates: August 10, 11, 12, 2009 9:00am -12:00pm

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent, or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

I hereby consent to participation by my child(ren) listed on front of this form to participate in this event.

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

\_\_\_\_\_  
Date

**For Medical Release Purposes**

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, causes disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release is intended for (dates) August 10, 11, 12, 2009. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ cell phone \_\_\_\_\_ work phone \_\_\_\_\_

Family Physician \_\_\_\_\_ phone \_\_\_\_\_

Specific medical allergies, chronic illnesses or other conditions:

**PHOTO PERMISSION**

During Seton Summer Spirit we will be taking candid and group photos of everyone as they participate in the various aspects of our faith adventure. These photos may be used for several things:

- Posters and/or CDs to be displayed at Parish Functions at St. Elizabeth Seton Church
- Posted on our Faith Formation Page of the Parish website for St. Elizabeth Seton Church
- Pictures and story of Seton Summer Spirit may be published in The Catholic Transcript.

\_\_\_\_\_ Yes \_\_\_\_\_ No I give permission for group and/or individual photos of my child(ren) listed on the opposite side of this form participating in Seton Summer Spirit to be used in the above manner.

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

\_\_\_\_\_  
Date