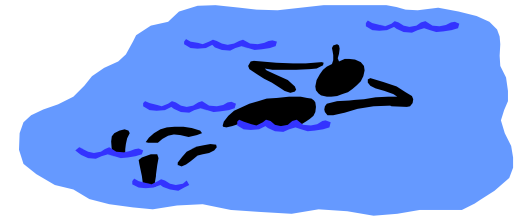


GRINNELL DEANERY

POOL PARTY



August 12th, 2008

7:30-9:30 PM

Maytag Pool In Newton

Grades 7-12

A Free event

provided by the

Grinnell Deanery

I request my child _____
attend the **Grinnell Deanery Pool Party on August 12, 2008**. I understand that my child will be transported to **Newton** by means of a car pool and participate in the activities described on this flyer. In the event of illness or injury, the adults in charge have my permission to secure medical care for my child. I acknowledge that I am responsible for all reasonable charges in connection with any care or treatment rendered. As a parent/legal guardian I remain fully responsible for any legal responsibility that may result from any personal actions taken by my child.

_____ Date _____

Parent/guardian Signature

I understand that photos will be taken during this event and I further give my permission for photos containing my child to be published in local and/or diocesan bulletins and/or publications.

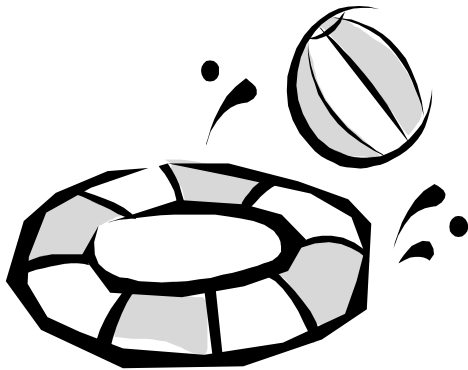
_____ Date _____

Parent/guardian Signature

- Please **fill out both sides and return this portion of the flier** ASAP.
- Please **keep** the **other portion** of this flier for your information.

St. Mary's, Grinnell Information...

- You should gather at the REC parking lot at **7 PM** to car pool to the Newton Pool.
- We plan to **return** to the REC parking lot around **10 PM**.
- You do not need to bring money. You only need your swim wear and a towel. Snacks will be provided.
- The St. Mary's Youth Activities Fund is paying for your attendance at this event; please remember to help out when fundraisers take place through out the year! **Note: we need help at the Belgium Waffle Breakfast to be held at St. Mary's REC Saturday, August 23rd. There are several shifts available for you to sign up for outside of Crystal's office or on the bulletin board in the church basement.**



Name:	
Phone:	
E-mail:	
Birth date:	Grade: Male/ Female
Parent/Guardian : (if under the age of 18)	
Name/Phone numbers to contact during event:	
Special needs/considerations (ie: allergies, health issues, etc.):	
My child may be given as necessary: Tylenol / Ibuprofen / Aspirin	
Please remember to attach a copy of your insurance card.	
Name/Phone of Family Dr:	

Yes, I plan to attend the Youth Rally mtg.

Yes, I am at least 21 years old and would like to chaperone.

Please fill out both sides and return this portion of the flier. Please keep the other portion of the flier for your information.