2017 Italian Culture Week Registration Form

$15 per child (5yr ~ 7th grade) Family Cap: $60.00 **Return form by June 21st**

**Family Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

June 26– 30, 2017  
 8:50am – 12noon

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home: (\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- |
| 8th GRADE THROUGH ADULTS COMPLETE REVERSE SIDE OF FORM IF YOU WANT TO HELP  Complete a line for each family member so supplies can be purchased.  **\*\*\*NOTE: Child must be 5 years old by August 1st.\*\*\*** | M/F | Grade Entering in the Fall |
| Name  \*\*Food Allergies\*\* |  |  |
| Name  \*\*Food Allergies\*\* |  |  |
| Name \*\*Food Allergies\*\* |  |  |
| Name \*\*Food Allergies\*\* |  |  |
| Name  \*\*Food Allergies\*\* |  |  |
| Name  \*\*Food Allergies\*\* |  |  |

Parent(s), grandparents and friends are invited to attend the End of the Italian Culture Week Highlights Program  
Friday, June 30th @ 10:30am in the social Hall   
Followed by refreshments

In consideration of the opportunity for my family to participate in the program, I agree **to release and hold harmless and indemnify Our Lady of Mount Carmel Basilica/St. Anthony of Padua Parish, Youngstown, Ohio,** the Roman Catholic Bishop of Youngstown and his successors, a Corporate Sole, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or resulting to any loss, damage or injury sustained in connection with or arising out of participation in the program.   
**Parent(s) or Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand and grant permission that photographs and/or videotapes of participants may be used in publications, websites or other materials produced from time to time. Participants will not be identified unless specific written consent is given. Please note that we do not have control over the use of photographs or film taken by any media source that may cover an event. **Parent(s) or Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital or medical clinic for my son/daughter in the event that I am not present. I am covered by hospitalization and medical insurance under policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_I DO NOT have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.   
 (over)

Our Lady of Mt. Carmel ~ St. Anthony Parish is looking for YOU.   
Are you between the ages of 8th grade to 109 years of age?   
How would you like to be involved in a week of fun with the youth of our parish?

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**Complete registration form and return to the Religious Education office. Via collection basket or mail attention: Therese or drop off at the office by June 21, 2017.**

**Cash \_\_\_\_\_\_\_\_\_ Check: #\_\_\_\_\_\_\_\_\_\_   
 Total $\_\_\_\_\_\_\_\_\_\_\_ Payable to OLMC Memo: ICW**

**ALL 9th GRADE THROUGH ADULT VOLUNTEERS PLEASE COMPLETE THIS AREA!**

\_\_\_\_Help lead and chaperone a small group of children from station to station.

\_\_\_\_ Help with check in and out table.

\_\_\_\_ Help in the cooking area

\_\_\_\_ Help in the art area  
**\_\_\_\_ Gather and put together *Traditional Italian Dress***  
\_\_\_\_ Help in the game

\_\_\_\_ Snack area

Help wherever I am needed. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(9th 10th 11th 12th Adult) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home: (\_\_\_\_\_\_) \_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_\_

I am available on the following days: Mon Tues Weds Thurs Fri All week

**Questions call Therese Ivanisin 330-743-3508 ex 121 or e-mail: olmcTherese@gmail.com**