

Love to dance with friends? Join us for our first

# Saint Kateri Youth Dance-a-Thon!



**Sunday, June 2<sup>nd</sup> from 12:00-4:00 PM • Parish Center - Christ the King**

All Junior High and Senior High teens are welcome!

How does it work, you ask?

Bring your friends and dance the afternoon away! Just get sponsors for every hour you can keep dancing (or walking around the gym if you prefer). Money raised will support our youth attending the National Catholic Youth Conference (NCYC). If we raise enough funds, we will donate to a second organization of your choosing, so come with ideas of organizations you would like to support.

Registration is due by **May 28<sup>th</sup>** to Jessica Tette or Sara Schmerbeck. All funds should be brought on **June 2<sup>nd</sup>**. You will find the registration sheet on the back of this page and the sponsor form below. Contact Sara Schmerbeck at (585) 752-4613 with any questions or concerns.

Hope you can join in the fun!

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Coordinator of Children's and Youth Ministries  
Saint Kateri Parish  
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Sara Schmerbeck  
Youth Fundraising Coordinator  
(585) 752-4613

Sponsor Name	Amount Pledged per Hour	Number of Hours of Dance	Amount Raised
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Total funds raised: \_\_\_\_\_

# Registration for Saint Kateri Youth Dance-a-Thon

Name of participant: \_\_\_\_\_ Age: \_\_\_\_\_

Food allergies/special needs: \_\_\_\_\_

Parent name: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

Emergency Contact Name and relationship to child: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Name of Health Insurance Company: \_\_\_\_\_

Health Insurance Policy Number: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

My daughter/son has my permission to participate in the Saint Kateri Youth Dance-a-Thon held at Christ the King Gym on Sunday, June 2<sup>nd</sup>, 2019.

I hereby certify that the above information is correct and give permission for my child(ren) to be transported in privately owned vehicles for medical emergencies only. I give permission for the release of medical records to an attending health care professional in case of injury or illness. I understand that every effort will be made to contact the parent/guardian first. If parent/guardian cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child. I appoint the designated parish Faith Formation facilitator to act on my behalf in authorizing necessary emergency medical, dental, surgical care and hospitalization necessary to protect the child's life and health while she/he is participating in any parish Faith Formation, youth ministry and sacramental preparation sessions. I give Saint Kateri Parish permission to use pictures of my child for the Saint Kateri Parish website, newsletters and bulletins.

I hereby release the Diocese of Rochester and all of its affiliated entities, including its employees, volunteers and the parish sponsor, from any and all liability for any damages suffered as a result of or relating to my child's participation in this program. Saint Kateri Parish is not responsible for lost or theft of personal articles.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

