

# Casino Night

With



## Tree of Life ASSISTED LIVING

Wednesday, March 12, 2025

5:00 pm-7:00pm

- Who:** Grades 7-12, Tri-Parish members  
**What:** Casino Night with the Tree of Life Residents  
**How:** Meet at the Tree of Life in New Munich. We will assist and visit with the residents.  
**Dress Attire:** It is very warm inside the facility so dress accordingly. We ask that you wear long pants (jeans, dress pants) and a nice shirt.  
**Pick Up:** Please pick up your child at 7:00 pm.  
**Deadline:** Wednesday, February 26

\*Contact Chrystal Sand for more info! (320) 836-2143\*



**Due Wednesday, February 26**

(cut and return bottom portion **Front and Back**)

**Due Wednesday, February 26**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female

Student Cell Number (for day of event) \_\_\_\_\_ Texting? Yes No

Medical Information (any limitations or medications)?: \_\_\_\_\_

Parish (circle one): Freeport New Munich St. Rosa Other: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent Cell Number: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_ **Willing to Chaperone?** Yes No

I, the student, agree to abide by a general code of conduct which includes being respectful of all persons and property involved in this event. I will obey the directors of this event and act in a Christian manner at all times.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Casino Night with The Tree of Life Assisted Living**  
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**Photograph Consent**

Pictures may be taken of Faith Formation events. We would like to be able to use these photographs on social media, websites, and in publications. Written consent by the parent/guardian is required. Names will not be posted unless written authorization is given by the parent/guardian. If there are concerns about pictures posted on the website or social media, please contact the ministry coordinator and they will promptly be removed.

I, the parent/guardian of this/these youth/s (name/s) \_\_\_\_\_, authorize and give full consent, without limitation or reservation, to the Tri-Parish of Sacred Heart, Immaculate Conception, and Saint Rose of Lima to publish any photograph in which the above named student/s appears while participating in any program associated with the Tri-Parish Faith Formation. There will be no compensation for use of any photograph at the time of publication or in the future.

I, the parent/guardian of this/these youth/s (name/s) \_\_\_\_\_, do **not** wish for child's photo be published.

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a \_\_\_\_\_ hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Any medical concerns the coordinators/leaders of this event should be aware of:

\_\_\_\_\_  
I hereby grant permission for non-prescription medication (i.e. acetaminophen, ibuprofen, throat lozenges, cough syrup, etc.) to be given to my child, if deemed appropriate.

Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_