

Dear Students in the 5<sup>th</sup> grade and Parents, and other interested individuals,

We would like to call your attention to two approaching workshops to teach you the skills to be an altar server. Training will be held from 6:30-8:00 PM on Wednesday, September 19, or Thursday, September 20 at Saint Frances Cabrini Church. These sessions are open to anyone who currently is in the 5<sup>th</sup> grade, up to adults.

**If you are currently serving you do not need to attend session or turn in this form.**

Serving is a very special ministry, and an honor. We hope to see you there.

**DO NOT TURN FORM IN ADVANCE. PLEASE BRING INTO TRAINING SESSION. For more information, please contact me.**

Thank you,  
Jill Maria Murdy  
Director of Liturgy and Music  
Saint Frances Cabrini Parish  
262-338-2366#116  
jmurdy@wbparishes.org



Name \_\_\_\_\_ Parent's Names \_\_\_\_\_

Grade \_\_\_\_\_ Other Relatives or Family Ministries to coordinate schedules with \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail IMPORTANT PLEASE \_\_\_\_\_

Check Preferred Mass Times \_\_\_\_\_ 4:30 PM \_\_\_\_\_ 8:00 AM \_\_\_\_\_ 10:30AM \_\_\_\_\_ 6:00 PM

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

# Saint Frances Cabrini Altar Servers

## PARENT / LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

Child / Ward: \_\_\_\_\_ Grade \_\_\_\_\_

Parish : \_\_\_\_\_

Designated Supervisor of Activity: Jill Maria Murdy

Activity: **Altar Server**

Date(s) and time of activity: **Various times as scheduled**

I consent to the participation of my child/ward in the above named activity. In consideration for my child/ward's participation, I agree to reimburse and indemnify the parish/school (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by parish/school in defending a lawsuit that I or my child/ward may bring against the parish/school which relates to the above named activity if the parish/school is found not legally liable by the courts and prevails in the lawsuit. If the parish/school is found legally liable for injuries sustained by child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the parish/school to clarify any concerns or questions about the activity or this agreement that I may have had.

\_\_\_\_\_  
Parent / Legal Guarding Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_/\_\_\_\_\_  
Home phone/ Work phone

**EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical 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:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**\*\*Please furnish medical information about your child/ward, which may be pertinent to his or her participation in the above-identified activity:** \_\_\_\_\_

### Photo Release

I hereby give my permission to Saint Frances Cabrini and for photographs that may include my child's image to be used in promotional materials. This includes any prints, slides, copies, reductions, or any other processes or treatments necessary to make a photograph for reproduction purposes. I release all rights and privileges for financial obligations for this permission.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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This form has been prepared by and is required by The Archdiocese of Milwaukee's Protected Self-Insurance Program. Questions should be directed to Catholic Mutual Group at 255-6906.  
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Archdiocese of Milwaukee