



Drive-By-Raking 2011

Sponsored by St. Thomas More Youth Ministry
Grades 7 thru 12 ~ Join us for a *Great Day*
Of Community Service and Fellowship!
On Sat., Nov. 5 ~ 9:00 am to 1:30 pm

DATE: Saturday, November 5, 2011 ~ 9:00 am to 1:30 pm
PLACE: Depart from St. Thomas More Church parking lot
374 Middlesex Road, Darien



What's The Plan?

- Please come at 9:00 am with rakes, gloves, blowers, tarps, etc. with your name label on it.
- Each participant must have a signed permission slip.
(See form on back)
- Upon arrival, all first time participants will receive an identifying t-shirt to wear. Last year's rakers, please wear your orange t-shirt.
- Youth and adult rakers will get maps to the homes, their team assignments, and a departing blessing.
- We will disperse for a day of fun and fellowship doing random acts of kindness to assist our neighbors in need of general yard maintenance.
- A pizza party will follow in the Parish Hall at 1:30.

NOTE: We are in need of more pick-up trucks to transport leaves!
It is very **IMPORTANT** to call Janis Pataky at 655-6295 or Email:
STMDarienYG@aol.com if you have a truck and if you will be participating.

PARENT RELEASE AND CONSENT FORM

Drive By Raking ~ Saturday, November 5, 2011 ~ 9:00 to 1:30 PM

Name: _____ Age: _____

Address: _____ City/Town: _____

State: _____ Zip: _____ Parish & Town: _____ Parish: _____

I, _____, the undersigned ask for and give permission for my son/daughter, (Participants Name):

_____ to travel with parents to and from and attend, the **Drive By Raking on Saturday, November 5, 2011 from 9:00 AM to 1:30 PM**, and if needed, to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve St. Thomas More Parish of all responsibility and consequences that may arise as a result of medical treatment and/or participation in the above-described event. I will not hold any of the parties listed above or representatives associated with them responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

Parent Signature: _____ **Date:** _____

MEDICAL INFORMATION (PLEASE PRINT)

My child is allergic to: _____ Date of last tetanus booster: _____

My child must take the following medication: _____

Dosage: _____ Frequency: _____

You should be aware of the following health/medical conditions of my child: _____

Medical Insurance Carrier: _____ Does your child have his/her own medical card? _____

Policy Carrier: _____ Policy # _____

Physician: _____ Phone # _____

Parent/Guardian: _____ Home Phone: _____

Other ways to reach you: (Pager, cell phone, work phone – please specify) _____

If I cannot be reached in the event of an Emergency, please notify: _____

Relationship to youth: _____ Phone: _____

RESPONSIBILITY FOR ADHERANCE TO CONFERENCE CODE OF BEHAVIOR

(Parent) My child agrees to abide by all the rules and regulations as outlined by the sponsor of this event. I understand that the Parish or its personal will not be held liable if my child fails to cooperate with said regulations and that any infractions of the rules may result in immediate dismissal from the conference. I will be responsible for any costs or other requirements for immediate transportation home and damages incurred.

(Youth) As a member of my Parish, I understand and agree to the rules and regulations as outlined by the sponsor of this event. I also understand that I will notify my parents or guardian at the time of any infractions requiring my dismissal from the conference and that I will be sent home at my own or my parents/guardians expense.

Parent Signature: _____ **Date:** _____

Youth Signature: _____ **Date:** _____