

St. Ann School
324 N. Harrison St.
Stoughton, WI 53589

Dear Parents,

Your child is eligible to participate in an activity sponsored by St. Ann School. This activity will take place under the supervision and guidance of employees of St. Ann's. A brief description of the activity is as follows:

NAME OF EVENT: St. Ann School Grade 6-8 Middle School Lock-In

LOCATION: Healy Hall

DESIGNATED SUPERVISOR OF ACTIVITY: Mrs. Roisum

DATE AND TIME: Friday, February 27, 10:00 PM to Saturday, February 28, 900: AM

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As a parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student/s.

Please return this form to school by: Monday, February 16, 2015.

I HEREBY REQUEST THAT MY CHILD _____ PARTICIPATES IN THE

EVENT _____ ON _____

I UNDERSTAND THAT THIS EVENT WILL TAKE PLACE ON ST. ANN SCHOOL GROUNDS AND THAT MY CHILD WILL BE UNDER THE SUPERVISION OF FACULTY ON THE STATED DATE. I CONSENT TO THE CONDITIONS STATED ABOVE FOR PARTICIPATION IN THIS EVENT.

(Print Parent/Guardian Name)

(Date)

(Parent's/Guardian's Signature)

Phone number where I can be reached on this date and time in case of emergency: _____

If your Medical Insurance has changed since August, please write in new information below:

More details will be sent home regarding this activity. For now we are looking to determine the number of participants. Please return this form by Monday, February 16, 2015.