

# Permission Slip

Must be filled out and signed by parent or guardian for all children under the age of 18

1. Child's name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Food allergies, medical conditions, or other special needs \_\_\_\_\_

2. Child's name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Food allergies, medical conditions, or other special needs \_\_\_\_\_

3. Child's name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Food allergies, medical conditions, or other special needs \_\_\_\_\_

Parent/guardian names \_\_\_\_\_

e-mail \_\_\_\_\_ Phone number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone number \_\_\_\_\_

I give permission for these children to participate in the 2012 Children's Day at the Cathedral and/or Children's Day at the Coast as indicated. I do hereby release, hold harmless and covenant not to sue the Episcopal Diocese of Oregon, Trinity Cathedral, St. James and all employees and volunteer leaders involved in this event. Nor shall said persons be held financially responsible for any injury, illness, or death incurred as a direct result of this activity. I recognize the risks involved, understand all terms, and consent to these conditions. I remain fully liable for any legal responsibilities that may result from actions taken by my child. I give permission for my child to be photographed participating in this event. In the event of an emergency, and I cannot be contacted, I hereby authorize emergency treatment to be administered.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

REGISTRATION DEADLINES are February 21 for Children's Day at the Cathedral and April 17 for Children's Day at the Coast. For further information, please contact Barbara Ross at [barbarar@diocese-oregon.org](mailto:barbarar@diocese-oregon.org), 971-204-4111 or 1-800-452-2562x111. Form may be faxed to 503-636-5616.



## Children's Day 2012

Children's Day at the Cathedral  
Saturday, February 25  
9:00 AM - 3:00 PM  
Trinity Cathedral, Portland

Children's Day at the Coast  
Saturday, April 21  
9:00 AM - 3:00 PM  
St. James, Lincoln City

# Welcome . . .

## to the 7th Annual Children's Day Events

This year's theme, *Celebrate the Seasons!*, invites children in grades K-5 and the adults who care for them to engage in a full day of music, drama, arts and crafts, games, and worship. Adults are invited to participate in all activities. Teens are welcome to come as helpers, and childcare will be provided for preschool children. In keeping with SAFE Church practices, each congregation must send at least two chaperones for every five children.

The program will be held Saturday, February 25 at Trinity Cathedral in Portland and repeated on Saturday, April 21 at St. James in Lincoln City. Children's Day begins at 9:00 a.m.

Cost is \$5 per person which includes snacks and lunch. Scholarships are available.

To register, fill out the attached form and fax or mail it to:

Children's Day  
Diocese of Oregon  
11800 SW Military Lane  
Portland, OR 97219  
Fax: 503-636-5616

This brochure also may be downloaded from the diocesan website at [www.diocese-oregon.org](http://www.diocese-oregon.org).

For further information, please contact Barbara Ross, Missioner for Lifelong Christian Formation at 971-204-4111 or 1-800-452-2562x111 or [barbarar@diocese-oregon.org](mailto:barbarar@diocese-oregon.org).

## Registration Form

### Please check the event you will be attending:

\_\_\_\_\_ Children's Day at the Cathedral: Saturday, February 25 at Trinity Cathedral

\_\_\_\_\_ Children's Day at the Coast: Saturday, April 21 at St. James, Lincoln City

Name of congregation \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone number \_\_\_\_\_

### Children who will be attending Children's Day:

Last name	First name	Name for nametag	Age	Grade
-----------	------------	------------------	-----	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

### Adult(s) who will be accompanying the children:

Last name	First name	Name for nametag	Phone number
-----------	------------	------------------	--------------

_____	_____	_____	_____
-------	-------	-------	-------

### Teen(s) who will be attending as extra chaperones

Last name	First name	Name for nametag	Age	Grade
-----------	------------	------------------	-----	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

### Preschool children registering for child care

Last name	First name	Name for nametag	Age	Parent
-----------	------------	------------------	-----	--------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

PAYMENT DUE WILL BE \$5.00 per PERSON (preschooler, child, teen, adult) Lunch will be provided.

Maximum \$15 per family. \_\_\_\_\_ people at \$5.00 per person = \$ \_\_\_\_\_

Payment will be collected at the door. Please make checks payable to the Diocese of Oregon.

Please fill out the permission slip on the back of this form!