



# LIFELINE

## Grades 9-12

**PRAISE & WORSHIP  
PRESENTATION  
MASS  
ADORATION**

**DATES:**

Saturday, Oct. 7 & Dec. 2, 2023

AND

Saturday, Jan. 6, Mar. 2, & Apr. 20, 2024

**TIME:**

4:45pm, Meet at St. Bridget Church (*north doors*)

10:30pm, Return to River Falls, Pizza until 11:15=optional!

**COST:**

An offering is collected at Mass. Bring money for pizza!

**DETAILS:**

Doors open at 5:30pm | Event is 6-9:30pm

**Lifeline takes place at:**

The NET Center  
110 Crusader Ave. W  
West St. Paul, MN 55118

Sign up by contacting Tessa Schuermann in the Church Office, and return a completed permission form.

715-425-1879 x106 | [TeenFF@stbparish.com](mailto:TeenFF@stbparish.com)

## Diocese of Superior Permission Form for Minors with Indemnity Agreement and Emergency Contacts

**Child Information**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Female Male

Address: \_\_\_\_\_

Home parish name & city: \_\_\_\_\_

**Event Information**

Description of Event: Lifeline at NET Center, West St. Paul: Youth Mass, Presentation, Adoration, & Pizza in RF

Date of Event: Saturday, Oct. 7, & Dec. 2, 2023 AND Saturday, Jan. 6, Mar. 2, & Apr. 20, 2024.

Begin time: 4:45pm Meet at St. Bridget Church End time: Return to RF about 10:30pm & go to Luigi's

Transportation Method: Carpool in Chaperone Vehicles/Bus to 110 Crusader Ave, W St. Paul, MN

Participant cost: Money for the offering during Mass, and Money for Pizza afterward

Sponsored by: St. Bridget Church Supervised by: Staff & Volunteers of St. Bridget Church

Your permission is needed for your child to participate in the event listed above. Please return this signed form no later than the day of Lifeline to Tessa Schuermann in the Church Office.

I give permission for my child to participate in the above named event. My signature below indicates that I understand the risks and hazards associated with the event this event, including injury, illness and the rare possibility of death. I understand that I may discuss any concerns or questions I have about this event with a representative of the parish or Diocese of Superior prior to giving permission for my child to participate.

In consideration for my child's participation, I agree to reimburse and indemnify the above named parish and the Diocese of Superior for all reasonable legal and court fees incurred by the parish/diocese in defending a lawsuit that I or my child may bring against the parish/diocese which relates to the above named event if the parish/diocese is found not legally liable by the courts and prevails in the lawsuit. If the parish/diocese is found legally liable for any injuries sustained by my child, this paragraph will not apply. I further agree to reimburse the diocese or any other agency for property damage or any bodily harm to other participants caused by my child.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone numbers – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parents' email address: \_\_\_\_\_

**EMERGENCY CONTACTS**

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

Phone – Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

Phone – Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Child's primary physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health system & location: \_\_\_\_\_

Health insurance carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

**A MEDICATION CONSENT FORM MUST BE COMPLETED AND THE PRODUCT SUPPLIED FOR EACH MEDICATION YOUR CHILD WILL NEED TO TAKE DURING THIS EVENT. ASK THE EVENT ORGANIZER FOR THE FORM.**