

ST. MARGARET MARY PARISH— LINC HIGH SCHOOL YOUTH MINISTRY



# LinC Night at the Movies #1



**Movie to be determined at the  
LinC Night on January 8, 2012**

**AMC Rolling Hills 20**  
2591 Airport Drive  
Torrance, CA 90505

**SUNDAY, JANUARY 22, 2012**  
**6:30PM-10PM**

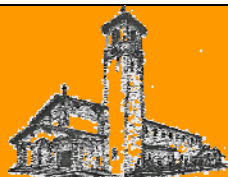


Bring \$20 (For Dinner and Movie ticket)  
Valid AMC Movie Passes can also be used

Join us at St. Margaret Mary for 5PM mass,  
Meet at fountain between Hegarty and St. Joseph!

**TO REGISTER: Turn in LinC Night at the Movies Permission Slip to the Front Desk or  
RE Office by Wednesday, January 18, 2012. No Refunds**

**We need Adult Chaperones and drivers!**



**ST. MARGARET MARY PARISH  
HIGH SCHOOL YOUTH MINISTRY  
25511 ESHELMAN AVE,  
LOMITA, CA 90717  
310-326-3364 EXT 17**

**JANUARY 22, 2012**  
**LINC NIGHT AT THE MOVIES #1**  
**REGISTRATION**

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

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

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

Home Phone: \_\_\_\_\_

Youth's Cell: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_

AMC Movie Pass: Yes \_\_\_ No \_\_\_

**Teens you want to drive with :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian able to attending: Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian able to drive: Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle passenger space including driver \_\_\_\_\_

This registration form, the complete January 22, 2012 LinC Night at the Movies #1 Permission Slip (See Reverse) needs to be submitted to the RE office or parish front desk by Wednesday, January 18, 2012. Make checks payable to St. Margaret Mary Parish with Move Day in the memo line.

**ST. MARGARET MARY PARISH**  
**January 22, 2012 LinC AMC Movie Night #1**  
**PERMISSION/MEDICAL RELEASE FORM**  
(not needed for 18 years or older)

\_\_\_\_\_ in \_\_\_\_\_ has my permission to attend St. Margaret Mary's LinC Movie Night #1 at AMC in Torrance, California on January 22, 2012 from 6:30pm-10pm. The undersigned authorizes the Adult Leaders of St. Margaret Mary's Youth Ministry Program to provide and authorize medical treatment for \_\_\_\_\_ during the above-referenced time period. The undersigned hereby agrees to

**Youth's Name**  
release the St. Margaret Mary's Youth Ministry Program Leaders of any and all liability, responsibility and damages whatsoever including but not limited to accidents, personal and mental injury, illness and death that may occur during the above-referenced time period.

**EMERGENCY MEDICAL INFORMATION**

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent's Cell # \_\_\_\_\_ Policy ID# \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

List any medications this child takes on a regular or daily basis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Special Medical Instructions - include any known allergies: Please Attach*

**In case Parent cannot be reached, please contact:**

Name	Relationship	Phone
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I, the undersigned, hereby agreed with the above-referenced participation in the Religious Education Program, Release and Medical Authorization.

Dated	Signature of Parent/Legal Guardian	Print Name of Parent/Legal Guardian
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