



Pax Christi Catholic Community

Faith Fun Friendship



PaxJAM  
7th and 8th grade youth

# Friday Night Live



**Laser tag—Giant Twister game—Inflatable Obstacle Course—Food  
Worship Band—Prizes—Open Youth Room**

These are just some of the things you'll be experiencing at Friday Night LIVE! We'll start with dinner in Dorothy Day then divide into groups to rotate through four thrilling stations of fun that will include all of the above PLUS packing our boxes for 2012 Operation Christmas Child—We'll wrap up the night back together for some awesome praise and worship music with a live band! Don't miss out on this great night of fun, fellowship, and faith! Bring some friends too!

**Date:** Friday, March 23, 2012

**Time:** 5:30-9:00 PM

**Cost:** \$5 per person.

**Location of Activity:** Nazareth Hall, Pax Christi (Lower level, door #5)

**Chaperones:** Pax Christi staff and parents will supervise this event. If you would be willing to assist in chaperoning this event or others in the future, please contact Renee Dignan or Cindy Novak.

**Service Component:** Bring personal care items for Samaritan's Purse Project, Operation Christmas Child. Suggested donations include: toothpaste and toothbrushes. We will be assembling the boxes with items that have been collected over the past couple of months during this event.

**Registration Deadline:** A permission form and payment for each person must be received by Sunday, March 18. Permission forms can be printed at [www.paxchristi.com](http://www.paxchristi.com). Late registrations will be accepted only as space allows. Please register well in advance of the deadline so that appropriate arrangements can be made. Sorry, no refunds.



**NEW! REGISTER ONLINE!**

[WWW.PAXCHRISTI.COM](http://WWW.PAXCHRISTI.COM)

OR

Permission Forms and payment can be submitted to:

**Connie Wesley  
Pax Christi Catholic Community  
12100 Pioneer Trail  
Eden Prairie, MN 55347**

**Questions, call Renee Dignan, (952) 405-7212  
Cindy Novak: (952) 405-214**

**Please note office hours for dropping off forms:  
Monday–Thursday 8:00AM–7:00PM;  
Friday 8:00AM–12:00NOON**

**\*\*\*FOR YOUR PROTECTION, WE REQUEST CELL PHONES AND  
OTHER ELECTRONIC DEVICES BE LEFT AT HOME.**

[www.paxchristi.com](http://www.paxchristi.com)



**PAX CHRISTI PARENTAL AUTHORIZATION**  
**Joint 56er/PaxJAM Event**

# Friday Night Live

<b>RECEIVED</b> _____
<b>PAID \$</b> _____
<b>CHECK #</b> _____ <b>/CASH</b> _____
For Office Use Only

Registration due by: \_\_\_\_\_ **SUNDAY, MARCH 18** \_\_\_\_\_ Please see flyer for more information.

Destination of event: Nazareth Hall Date: Friday, March 23, 2012

Time of event 5:30-9:00PM

Individuals in charge Reneé Dignan, 952-405-7212, Cindy Novak, 952-405-7214

Cost: \$5 per person (non-refundable). Make checks payable to Pax Christi. A separate parental authorization is necessary for each participant.

Check here if you would like to pay by credit card. The link will be emailed to you.

NAME OF STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GENDER \_\_\_\_\_

Check here if NOT a member of Pax Christi  (Information will be used for roster purposes only)

Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Parent/ Guardian's name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Parent email \_\_\_\_\_ Work/Cell Phone ( ) \_\_\_\_\_

Emergency Contact: If you are unable to reach me, please contact:

Name and Relationship \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work/cell Phone ( ) \_\_\_\_\_

**Medical Information:** I hereby state that my son/daughter is in good health and can participate in all activities in this event except as stated below.

**Special Circumstances** \_\_\_\_\_

I hereby AUTHORIZE any emergency treatment of my son/daughter that must be administered before I can be contacted. I wish to be advised as soon as possible of such treatment. I otherwise wish to be advised of any proposed medical treatment of my child prior to such treatment.

**RELEASE:** I agree on behalf of myself, my son/daughter, our heirs, successors and assigns, to release, absolve, indemnify, hold harmless and defend Pax Christi Catholic Community, Pax Christi Youth Ministry, its officers, directors and agents and the Archdiocese of Minneapolis and St. Paul, the chaperones, and the organizers of this event from any injury to, illness of, or costs of medical treatment for my son/daughter arising in connection with this event. I recognize that this event involves an element of risk incidental to such event and on behalf of myself and my son/daughter I hereby assume all such risk. I further recognize there is no medical insurance provided by the parish or the archdiocese.

**I am interested in volunteering at this event: Yes**  **Name** \_\_\_\_\_

**(No charge for chaperones)** Please note the Archdiocese of Minneapolis and St. Paul and Pax Christi Catholic Community require certain adult-child ratios are maintained, all volunteers over the age of 18 must complete a parish-paid background/drivers check, a code of conduct must be signed annually, and complete Virtus safe environment training. Failure to have an adequate number of chaperones could result in the cancellation of the event.

Date \_\_\_\_\_ Signed \_\_\_\_\_

*Parent or Guardian's signature*

**PERMISSION TO USE PHOTOS/VIDEOS OF YOUTH:** I give permission for pictures and videos of my child(ren) to be used by Pax Christi Catholic Community on their website, newsletters, bulletin boards, or other publications for parish and program promotion and information.

SIGNED \_\_\_\_\_

*Parent or Guardian's signature*