



# Youth Ministry

## Ugly Christmas Sweater/Roller Skating Party – Saturday, December 17<sup>th</sup>, 2011

Throw on an obnoxious Christmas sweater and bring your roller skates for a night of pizza, skating and laughs on Saturday, December 17<sup>th</sup>! All high school youth are invited to bring a friend and join the group as we celebrate the approach of Christmas in a fun way. We'll meet at church @ 6:30pm for pizza, and then head over to the Lombard Roller Rink (201 W. 22<sup>nd</sup> St., Lombard). We'll return to church by 10:00pm.

The cost is \$16 per person, which includes \$5 for pizza, \$7 for admission to the roller rink, and \$4 for skate rental (rollerblades or roller skates). You're welcome to BYO skates to save \$4! Please RSVP by responding to the Evite or contacting Vanessa or Cara in the church office by Sunday, December 11<sup>th</sup>. Please don't forget to bring this permission slip with you on Saturday the 17<sup>th</sup>. Friends are definitely welcome, and we're looking forward to having some Connections alumni with us as they begin returning home for the Christmas break!

Call, text or email with any questions. It's going to be a great night, so we really hope you can join us!

Peace,

Vanessa Young  
Director of Youth and Family Ministry  
847.946 2115 cell, [vyoung.stpaul@sbcglobal.net](mailto:vyoung.stpaul@sbcglobal.net)

---

### Connections Ugly Christmas Sweater/Roller Skating Party – Permission Slip

I, \_\_\_\_\_, give permission for my daughter/son, \_\_\_\_\_,  
(print parent/guardian name) (print youth name)  
to participate in the Connections Roller Skating Party on Saturday, December 17<sup>th</sup>, 2011 from 6:30pm to 10:00pm.  
In the event that he/she is injured while participating in this event, I authorize St. Paul chaperones to seek emergency medical assistance and I will be responsible for any reasonable medical treatment deemed necessary by a licensed healthcare provider. I understand the nature of the event and the risks involved and hereby release St. Paul Evangelical Lutheran Church and its representatives (chaperones and drivers) from any and all liability for any injury suffered in connection with this event.

\_\_\_\_\_  
Parent/Guardian Signature

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

\_\_\_\_\_  
Emergency Contact Info (e.g., cell phone #)

Allergy/Dietary/Medical Concerns:  
\_\_\_\_\_  
\_\_\_\_\_

Is your daughter or son generally aware of her or his own health concerns (if any) and able to respond accordingly?  
\_\_\_\_\_  
\_\_\_\_\_