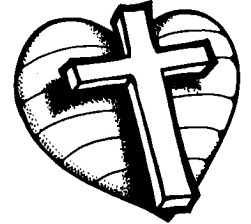


All 6th-12th graders & their families are invited to  
the 20th annual

# Lovewalk for the Poor

**Sunday, February 14**



Meet at Saint Kilian Parish (Lower Parking Lot near the  
Soccer Field) at 12:00pm and return at 5:30pm.

We will travel by bus to Sacred Heart Church in Shady Side.

The Lovewalk for the Poor, held around Valentine's Day, is a worship and  
social service experience aimed to help the poor of our diocese.

At 2pm, we will celebrate Mass with Bishop Zubik. We will then walk  
approximately a mile to East End Cooperative Ministry. **Dress warm!**

**\*\*All participants are to bring donations for Roselia Center  
such as diapers, wipes, formula or newborn to 24 month  
clothing and/or non-perishable food for East End Cooperative  
Ministry in bags that will be carried on the walk.\*\***

**THIS IS LIFE TEEN  
for February 14.**

By carrying our donations, we will experience  
the hardships of the homeless who carry  
their possessions with them at all times.

**Sign up by returning the permission form to Krissy  
by Sunday, February 7 via**

Mail - Saint Kilian Parish 7076 Franklin Road Cranberry Twp, PA 16066

Drop it in the collection basket at any Mass or

Drop it off at the Parish Center.

**ADULTS NEEDED AS CHAPERONES! SEE PERMISSION FORM.**

# Saint Kilian Parish

7076 Franklin Road Cranberry Twp, PA 16066  
724-625-1665  
kbrown@saintkilian.org

724-625-1922 Fax  
www.saintkilian.org

---

---

## Lovewalk for the Poor – Sunday, February 14<sup>th</sup> Return this form to Krissy at the Parish Center by Sunday, February 7<sup>th</sup>

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ SEX  F  M

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

I/WE, the parents or guardians of the above mentioned child do hereby give permission for him/her to participate in above mentioned event on the above mentioned date.

In consideration of the agreement of St. Kilian Youth Ministry to allow my child to participate in said activity, AND INTEND TO BE LEGALLY BOUND HEREBY, I agree to indemnify and hold harmless St. Kilian Church, Krissy Brown, Youth Minister, Youth Advisors, the Roman Catholic Diocese of Pittsburgh, Bishop Paul J. Bradley, and his successors, and legal representatives against loss from any and all claims, demands and actions at any time brought by my child, or any acting on his/her behalf, for the purpose for enforcing a claim for damages because of any injury to my child as a result of or in any way related to his/her participation in the above mentioned activity.

I/We hereby authorize treatment of my/our child, a minor, by a licensed medical physician in case of any accident or illness that may arise, or any hospitalization necessary. I/We agree that in case of injury to my/our child, I/We will apply our hospitalization and/or accident insurance toward the payment of expenses incurred and will not look to St. Kilian Church, or the Roman Catholic Diocese of Pittsburgh for the payment of any medical cost. IN WITNESS WHEREOF I/We execute this Hold Harmless and Indemnification Agreement the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Name and Phone Number of Emergency Contact if Parent/Guardian cannot be reached \_\_\_\_\_

### **CHAPERONES NEEDED!**

Name(s): \_\_\_\_\_ I can help Chaperone \_\_\_\_\_

Names of other Family members coming: \_\_\_\_\_  
(We need a count for the bus.)

**MORE INFORMATION ON OTHER SIDE**

# CONSENT TO TREAT

I/We the undersigned parent(s)/guardian(s) of \_\_\_\_\_, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may arise, or any hospitalization necessary.

\_\_\_\_\_  
Father/Legal Guardian

\_\_\_\_\_  
Mother/Legal Guardian

Date: \_\_\_\_\_ This consent form is effective for the duration of this event only.

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes.

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. My child will administer his/her own medication.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby grant permission for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

No medicating of any type whether prescription or nonprescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any known allergies? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Any medically prescribed dietary needs? \_\_\_\_\_

Is your child a vegetarian?  YES  NO

Is your child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting?  
 YES  NO

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**MORE INFORMATION ON OTHER SIDE**