

LIFELINE

Join us the first Saturday of each month!

4:30 p.m. – 10 p.m.

October 6, 2018 – The Lie, the Fear, the Fall

Fr. Erik Lundgren and David Calavitta

What Defines You? - November 3, 2018

Fr. Mike Schmitz

December 1, 2018 – Tony Melendez in Concert

Fr. Paul Shovelain and Tony Melendez

Guys and Gals – January 5, 2019

Pat Millea and Kalley Yanta

February 2, 2019 – The Call of a Lifetime

Archbishop Bernard Hebda and Fr. David Blume

Love is Bigger – March 2, 2019

Anna Carter

April 6, 2019 – At Whose Altar Do You Worship?

Bishop Andrew Cozzens

“You will receive power when the Holy Spirit comes upon you” (Acts 1:8) – May 4, 2019

Fr. Emmanuel, CFR

All events are free!

Leave from SEAS at 4:30 p.m. Return at 10 p.m.

Go to netusa.org/lifeline for more information on events.

Contact Mariah Smith if you are interested in joining us!

Email: msmith@seasparish.org Phone: (651)-437-4254 ext. 237

Parental Consent Form

Lifeline 2018-2019

Only one form is necessary for whole year.

Participant Name _____ Date of Birth _____ Sex _____

Parent/Guardian Name _____

E-Mail Address _____

Home Address _____

Home Phone _____ Cell Phone _____

I, _____, grant permission for _____ to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the parish/Archdiocese of St. Paul & Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

Name

Phone Number

Photo Release: I authorize that my son/daughter may have his/her picture taken at ministry events for potential use in promotional material. I understand these photos may be put on the internet or appear in printed materials. Initials: _____

MEDICAL INFORMATION:

Medication my child is taking at present _____

Allergies _____

Other Medical Conditions _____

Family Health Plan Number _____

Family Doctor _____ Phone Number _____

****As Parent or Guardian, I agree to all of the above stated considerations and conditions****

Signature

Date