



Proclaim Christ and make disciples through the sacramental life of the Church.

Dear Middle School Student:

Greetings!! As you probably know, as a Middle School student, you are invited to serve your parish community as an **altar server**. This is an exciting opportunity!

As we have done the past couple of years, we hold server training in the fall. This way, we will be able to ease you into the server rotation within a few weeks after you complete your final training session!

And--as we did in years past--rather than train all of the students together in one large group--we will divide you into smaller groups of students (*6 students/session maximum*). **Since this training will be much more focused and intense, each student is required to attend ONLY TWO training sessions.**

Below:

—sign up--on the left, for a “first training session”
—then--sign up on the right for a “second training session”.

Indicate 1st, 2nd and 3rd choice preferences.

Then: —return this form, along with the attached permission slip, to your homeroom/Christian Formation TEACHER, the RECTORY OFFICE, or the COLLECTION BASKET by: Monday, OCTOBER 16th.

We will contact you regarding training—because we limit the number of students in each session, preference will be given on a “first come-first serve” basis.

Please know that these training times are “best guesses” of when the greatest number of students might be available to attend—and when the church is available for use! If you are interested in serving but there is no way that these training times will work for you, indicate this—AND THE DAYS/TIMES THAT WOULD WORK at the bottom of this page. We promise to train any student interested in ministering to the parish as an altar server.

Thank you for your interest in the altar server program—and--if you have any questions, please don't hesitate to give me a call (414-258-2604 ex. 22)

Sincerely, Maagie Pernice

Pick one “First Session”
(indicate 1st, 2nd & 3rd choice)

- Wed. Oct. 18 — 2:00-3:10
- Wed. Oct. 25 — 2:00-3:10
- Sun. Oct. 29 — 9:00-10:10
- Wed. Nov. 1 — 2:00-3:10

Pick one “Second Session”
(indicate 1st, 2nd & 3rd choice)

- Sun. Nov. 5—9:10-10:10
- Wed. Nov. 8 —11:00-12:10
- Wed. Nov. 15 —2:00-3:10
- Wed. Nov. 29 —2:00-3:10

Name _____
Phone _____

Parents' e-mail address _____

Please detach and returned to your homeroom/religious ed. Teacher, the rectory office, or the collection basket as soon as possible and BEFORE October 16. We will contact you regarding training.

Because we limit the number of students in each session, preference will be given on a “first come-first serve” basis.

I am interested in ministering to the parish as a server but am unable to attend these training sessions. I would be available to train: (days) _____ (times) _____

PARENT/LEGAL GUARDIAN PERMISSION SLIP

NAME OF CHILD (please print): _____

GRADE :

PARISH/SCHOOL(circle) : Saint Bernard Christ King

ACTIVITY: ALTAR SERVER

DESCRIPTION OF ACTIVITY: Assisting Priest at Mass according to guidelines at each parish (Instructions provide to each server)

DATE(S) AND TIME OF ACTIVITY: At Sunday Mass (other Masses as requested)

CONSENT:

I consent to the participation of my CHILD in the above named ACTIVITY. In consideration for my CHILD's participation, I agree to reimburse and indemnify the PARISH/SCHOOL (understood to include The Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by PARISH/SCHOOL which relates to the above named ACTIVITY if the PARISH/SCHOOL is found not legally liable by the courts and prevails in the lawsuit. If the PARISH/SCHOOL is found legally liable for injuries sustained by CHILD/WARD, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my CHILD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH/SCHOOL to clarify any concerns or questions about the ACTIVITY or this agreement that I may have had.

Parent/Legal Guardian Signature

Date

Address

Home/Cell Phone

Work Phone

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

Name

Phone Number

Please furnish medical information about your CHILD/WARD which may be pertinent to his or her participation in the above identified activity:

_____.