



# St. Genevieve Elementary

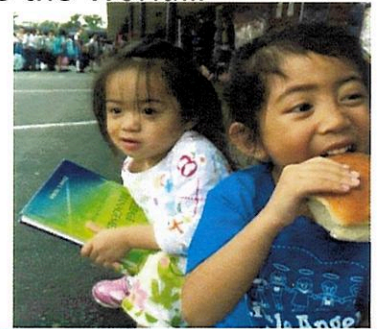
Sept. 1

To Know God...To Live with Honor...To Change the World...

## From the Desk of Ms. Allen

Next week, (after we enjoy an extended Labor Day week end), we will begin FULL DAY dismissals. This is 2:40 (Kinder) 2:45 grades 1-3 and 3:00 grades 4-8. PE will start for all grades next week and middle school electives will begin.

Please start checking the website each week for all items that are sent home in the weekly envelope. Go to News & Announcements and select the week.



Future Valiants hang out during morning assembly!

## Office/Athletic News

### EMERGENCY CARDS DUE NOW

Please go to [WWW.spartansonline.org](http://WWW.spartansonline.org)

Click on News and Announcements

Then look for Emergency card.

All emergency cards **must** be emailed no later than **Tuesday, Sept. 6, 2016**

Spirit Squad & Dance Begin Next Week: Sign up now!

Thank you to all who came out to football and volleyball tryouts. Look at for our Valiant teams next week!



### September 9

#### Annual Walk-a-thon

*Please help support the school and our Endowment by raising money for this event. See attached flyers.*

#### Grandparents Mass

Join us for Mass on Friday, September 9 from 8-9 am for a special recognition.

### Coastal Clean UP

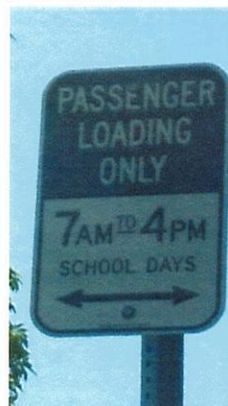
Saturday, Sept 17 @

Will Rogers State Beach

### Chocolate Sale

Going on now! Earn your fundraising credit. See the office.

NOTE: Drop-off and Pick-up on Community Street is Passenger Loading ONLY from 7am-4pm. Please do not park and/or leave your car unattended.



## Upcoming Dates

- Tues 9/6 PE Begins for all grades
- Sun. 9/11 Back to School Night
- Thurs 9/15 Cyber Safety Parent Workshop @ 7pm

### Barnes and Noble Book Fair





### STUDENT AND YOUTH ACTIVITY PERMISSION FORM

**LOCATION:** St. Genevieve Elementary School

Minor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female  Grade \_\_\_\_\_

Activity: Field Trip  Retreat  Other (specify) \_\_\_\_\_

Date(s) of Activity: September 9, 2016

Cost: Donation

Purpose: To raise money for the Endowment and Lunch tables for students

Description of Activity: Walk - a - thon around the perimeter of the Parish Schools. See Attached:

Mode of Transportation: Walk  Car Pool  Bus  Other (specify) \_\_\_\_\_

Teacher/Adult Leader: \_\_\_\_\_ Attire: PE clothes

I request that my son/daughter be permitted to participate in the above activity. My son/daughter has no medical condition that would render it inappropriate for him/her to participate in this activity. My son/daughter has no known medical needs, allergies or dietary restrictions except as follows: \_\_\_\_\_

Should it be necessary for my son/daughter to take medication while participating in this activity, I hereby give my son/daughter permission to self-administer his/her medication in accordance with the *Medication Authorization and Permission Form*, and, if my son/daughter cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my son/daughter's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my son/daughter should it become necessary to do so. I agree to relieve the Location and participating adults from liability in connection with this request. I understand that the insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my son/daughter. I agree to indemnify and hold the Location harmless from the cost of any medical treatment and related expense and cost incurred.

**Release of Liability:** As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/ chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my son/daughter may suffer as a result of participation in the activity described above.

\_\_\_\_\_  
Parent/Guardian Date

\_\_\_\_\_  
Home Phone Cell Phone Work Phone

Person to Notify in case of Emergency if Parent or Guardian is unavailable:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_