Program sponsoring this event is ASAA Boosters



Presents an All School, All-Age evening of **Roller Skating Fun!**

Wednesday, November 5th

(No School the Next Day!!!) 6:00pm – 8:00pm

Pre-Registration Price: \$6.00 per person Must Return Slip Below by Wednesday, October 29th

Or \$8.00 at the door

Price includes: Admission and Skate Rental

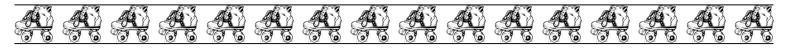
Come have fun Roller Skating! All are Welcome! Bring your friends, family and neighbors! 34W113 Montgomery Rd (630) 898-5830

Aurora Skate Center



Pizza Slice/Drink Vouchers Available Pre-Purchase for \$3.00 each Must Return Slip Below by Wednesday, October 29th Or \$4.00 per person at the door

*** Let's Give back to our Community as well...Bring your leftover Halloween Candy to be donated to Operation Support Our Troops and Hesed House***



Student Name:	Grade: Teacher:			
Number of Skaters / Admission Tickets:	Х	\$6.00 per person	=	\$
Number of Pizza/Drink Vouchers:	Х	\$3.00 per person	=	\$

Make Checks Payable to ASCA & write õASAA BOOSTERSö on the memo line.

Total Amount Enclosed \$ _____

THIS FORM MUST BE RETURNED BY <u>WEDNESDAY, OCTOBER 29th</u> FOR DISCOUNTED PRICING. SEND ALL FORMS TO THE SCHOOL OFFICE IN AN ENVELOPE MARKED "BOOSTERS ROLLER SKATING" TICKETS FOR THIS EVENT WILL BE SENT HOME VIA YOUR CHILD'S BACKPACK ON MONDAY 11/3.

In consideration of my being allowed to participate in this program, I hereby represent and warrant to All Saints Catholic Academy, I am or my child is physically able to participate in the program, have no health or medical problems which would prevent my and /or their participation. I hereby release and hold harmless, All Saints Catholic Academy and the Diocese of Joliet, from any and all responsibility, obligation, or their participation in classes or programs sponsored thereby. I further waive and release any rights I have to take action in any court of law or otherwise against All Saints Catholic Academy and the Diocese of Joliet, or any other costs or expenses on account of such physical or mental disorder or condition. I am fully aware of the risk involved while participating in any athletic program. I understand that the participantsø family medical insurance policy must cover any medical costs incurred in case of accident. I further agree to allow emergency treatment by a physician or certified hospital staff for myself and /or child (if a parent or guardian cannot be reached) deemed necessary, at that time.