

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

Aurora Skate Center

34W113 Montgomery Rd
(630) 898-5830

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!**

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 Hesus House*****



Student Name: _____ Grade: _____ Teacher: _____

Number of Skaters / Admission Tickets: _____ X \$6.00 per person = \$ _____

Number of Pizza/Drink Vouchers: _____ X \$3.00 per person = \$ _____

Make Checks Payable to ASCA & write "ASAA BOOSTERS" on the memo line. Total Amount Enclosed \$ _____

***THIS FORM MUST BE RETURNED BY WEDNESDAY, OCTOBER 29TH 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, to recover damages, consequential or punitive, 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 participants' 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.

SIGNATURE OF PARENT/GUARDIAN _____ DATE: _____