

St. John's Home Educators
Winter Ball
January 21st, 2023

Name _____

DOB _____ Age _____

Code of Conduct

*All participants must sign in upon arrival, and sign out if leaving early.

*After entering the dance hall, all participants must remain in the building. Parents of any participant who leaves the building will be called, and the participant will be asked to leave the premises.

*Dance with room for the Holy Spirit between the dancers *No running or horseplay

*Be respectful of all participants, instructors, and adult volunteers

*Dance Etiquette:

- Who does the asking? Gentlemen ask ladies to dance, and ladies graciously accept. This is the traditional order of dances. Ladies should accept invitations to dance to show honor and respect for the gentlemen's courage. Declining to dance is okay if the lady plans to sit out that entire dance. Refusing one gentlemen and then immediately accepting another is insulting to the one refused, so we ask that ladies show grace and charity by avoiding that.
- Help everyone feel welcomed: This is a no-date dance. Please be open to including those who need a partner, and be a kind and honorable dancer to all. The purpose of the dance is to build fellowship, learn new dancing techniques, and honor our Lord above all.

*Dress Code: Dress according to the dress code. We greatly prefer and recommend teens email a picture of themselves wearing their attire ahead of the dance, to avoid any awkward discussions regarding changing their clothing. See attached Dress Code, or follow this link: <https://sjhehomeschool.files.wordpress.com/2022/12/sjhe-2023-winter-ball-dress-code.pdf>

I have read and will adhere to the Code of Conduct, and understand that non-compliance may result in non-admittance or the contacting of parents and removal from the premises.

Signature of Attendee: _____

PERMISSION SLIP

Parental Permission and Liability Release: As parent/legal guardian of the participant named above, I give my permission for him/her to participate fully in the **SJHE Winter Ball** to be held on **Saturday, January 21, 2022**, from 4:00 10:00 pm in Mercy Hall. I agree to indemnify and hereby release the Most Reverend Michael Burbidge Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above-mentioned event (including transportation to and from the event). Furthermore, I, on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above-described event.

Informed Consent to Emergency Medical Treatment: I request that in my absence the above-named minor be admitted to any hospital or medical facility for emergency diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform only emergency diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of emergency examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related thereto.

Signature of Parent/Guardian: _____ Email: _____

(For Non-SJHE Members who would like to be notified about upcoming events.)

Home phone: _____ Cell: _____

Emergency Contact: _____

Home phone: _____ Cell: _____

Allergies: _____