



## St. Joseph School

13900 Biscayne Ave. W.

Rosemount, MN 55068

Phone 651.423.4402

[www.stjosephcommunity.org](http://www.stjosephcommunity.org)

October 26, 2022

TO: Parents of SJS Students in Grades K-4

FROM: LeAnn Mansour, Music Specialist

RE: Christmas Performing Opportunity, Saturday November 26th  
*This is Thanksgiving weekend!*

We have been invited to continue our annual tradition of performing for the Rosemount Community. Saturday night, November 26th is the annual City of Rosemount Outdoor Tree Lighting Ceremony at the Steeple Center (14375 South Robert Trail). At 6:00 p.m. the Mayor will welcome guests, we will perform outdoors (approx. 15 min.), Santa will be there with cookies and student musicians will be performing from RHS.

All students in grades Kindergarten-4th Grade are invited to perform, we will be singing two songs from our Christmas concert and "Jingle Bells". **There will not be transportation from the school before or after the performance.** Families are responsible for transportation to and from the event (free parking is available in the library parking lot and across the street).

Because we sing at 6:00, we'd like students in place in front of the main entrance by 5:45. Once we are done singing, students will then be released to their parents. It is necessary that I hear back from families by Friday, November 18th to determine and plan for the size of the group. There will be no dress rehearsal. There is no specific dress code but because it is outdoors, students are encouraged to dress warm (jeans, snow pants, winter coats, hats, mittens, boots, etc.). **PARENTS MUST REMAIN AT THE STEEPLE CENTER FOR THE ENTIRE PERFORMANCE.**

Please reply to me (Mrs. Mansour) by returning the attached Parent Consent Form by Friday, November 18th. If you have any questions or would like to reply via e-mail, please send to: [leann.mansour@stjosephcommunity.org](mailto:leann.mansour@stjosephcommunity.org). (For insurance purposes, it will still be necessary to fill out and return the paper copy of the Parent Consent Form.) Please join us so we can showcase our fabulous SJS students to the community!!!

*We say Yes to God through Prayer, Worship & Service*

**FIELD TRIP**

**PARENTAL CONSENT FORM & INDEMNITY AGREEMENT**

FIELD TRIP PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

For Day Trips

Student/Participant's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home or cell phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

A brief description of the activity follows:

Type of event: City of Rosemount Tree Lighting Date of event: Saturday, November 26, 2012

Destination of event: Steeple Center, 14375 S. Robert Trail, Rosemount, MN 55068

Individual in charge: Mrs. LeAnn Mansour

Mode of transportation to & from event: parental transportation

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_,  
Printed Parent or guardian's name Printed Child's name

to participate in this parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees St. Joseph School—Rosemount.

I understand and agree that as parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("student/participant"). Further, I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and Defend St. Joseph Church and School—Rosemount, its officers, directors, employees and agents, and the Archdiocese of Saint Paul and Minneapolis, its employees and agents, chaperones, or representatives associated with the event and activities (hereinafter "Releasees"), from any claim, including but not limited to all claims relating to communicable disease, arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Releasees for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Releasees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In the event of an Emergency Medical Treatment, I will be responsible for my child. As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_