

NORTH DEANERY SKI TRIP



WHAT: Ski Trip

WHO: Students in grades 7-12

WHEN: Saturday, January 9th

WHERE: Perfect North slopes

COST: \$80.00. This includes transportation, a lift ticket, and ski rental.

DEADLINE: Permission slip, waivers, and payment are due December 18th, 2009. This document is the permission slip. A skiing/ snowboarding waiver and a tubing waiver must be signed and returned with this permission slip. You may print both waivers from this page: <http://www.perfectnorth.com/waivers.php>

** This makes a great Christmas gift!

** Bring extra/warm clothes to change into after skiing!

** Bring money for lunch and dinner!

PARTICIPANTS NAME: _____ GRADE: _____

BIRTH DATE: _____ SEX: _____ PARENT/GUARDIAN NAME: _____

ADDRESS/CITY/STATE/ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE _____

I, (name of parent or guardian) _____, grant permission for my child (name of child) _____ to participate in the C.Y.O. Ski Trip.

I, will not hold the Archdiocese of Indianapolis, chaperones, or representatives associated with St. Lawrence Youth Ministry events responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling necessary emergency medical treatment.

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.

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers please contact:

NAME/RELATIONSHIP: _____

PHONE: _____

FAMILY DOCTOR: _____

DOCTOR'S PHONE: _____

FAMILY HEALTH CARE PLAN: _____

POLICY NUMBER: _____

Please initial ONE (1) of the following:

_____ I hereby grant permission for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to my child, if deemed advisable.

_____ No medication of any type whether prescription or nonprescription may be administer to my child unless emergency treatment is required.

Please list any special medical conditions of your child:

Signature

Date

Some Expectations...

- All participants are expected to arrive on time.
- Inappropriate language and behavior will not be tolerated.
- Socializing should always be done in public areas.

If the following behavior occurs, parents will be called, the youth will be sent home without refund, and will be suspended from the next event.

- Kissing, groping, and other inappropriate behavior at the event will not be permitted.
- Fighting, verbal harassment and foul language are not permitted.
- Possession or use of any weapon, illegal substances (alcohol, drugs or tobacco.)

Keep in mind...

- No participant will be allowed entrance without a completed permission form or a piece of paper with permission for participation by the parents, which includes an emergency phone number and parental signature.

These guidelines are meant to ensure a safe and healthy environment for North Deanery Youth Ministry events. We appreciate your participation in the events and your assistance in following these rules.

Parent/Guardian Signature: _____ Date: _____

Youth Signature: _____ Date: _____