

Saint Katharine Drexel Youth Ministry

High School and Middle School Trip to

Hershey Park

Saturday Aug 21st, 10am-9pm



Join us for a day of rollercoasters, games and a killer waterpark up at Hershey Park. With all there is to do in the park there is something for everyone. Feel free to invite a friend.

Parents are encouraged to sign up as adult leader/chaperones.

We will meet at Saint Katharine Drexel at 10am on Saturday, and will plan to return by 9pm.

We will be caravanning so we will need plenty of adult drivers and chaperones for the day.

**The cost is \$45 (plus spending money for food and drinks)
Space is limited, so sign-up ASAP!**

ARCHDIOCESE OF BALTIMORE
DIVISION OF YOUTH & YOUNG ADULT MINISTRY
PERMISSION FORM AND RELEASE

Youth Name: _____ Home Phone: _____

Parent Name: _____ Work Phone: _____

Other number where Parent can be reached: _____

Address _____ City/State/Zip _____

Email address: Parent - _____ Youth - _____

Social Security Number of Young Person _____ - _____ - _____ Grade: rising _____

Date of Birth: _____ Male Female (please circle)

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany the youth ministry/campus ministry group of their parish/school to: Middle School and High School trip to Hershey Park,
Saturday August 21st, cost \$45 plus spending money for food and drink

I/we acknowledge receipt of the attached information sheet describing the planned activities.

In consideration of the opportunity for my son/daughter to participate in the Program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY Saint Katharine Drexel Parish, the Division of Youth & Young Adult Ministry, the Roman Catholic Bishop of Baltimore and his successors, a Corporate Sole, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in the Program.

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(Check one of the following:)

_____ I am covered by hospitalization and medical insurance under policy
_____ issued by . _____

_____ I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs to my son/daughter if requested by my son/daughter (Circle all that apply:)

Tylenol Benadryl Advil Sudafed Midol Kaopectate Neosporin Pepto Bismol

ADD any other medical information concerning conditions, medication, allergies, illness, etc. _____

ADD any dietary restrictions: _____

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Division in writing. Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

_____ Date

_____ Parent/Guardian Signature

Parent/guardians, please circle one: I am / am not interested in driving & chaperoning this event.

If available to drive, indicate the number of **passenger** seatbelts (exclude the driver) you have: _____