

# VALLEYFAIR Youth Trip

## Wednesday, June 3<sup>rd</sup>

(6<sup>th</sup> - 12<sup>th</sup> grade the fall of 2009)

Registration DEADLINE: Mon, May 18th (no late registrations accepted)

**COST: \$55.00**

Includes bus trip, Valley fair admission & Breakfast  
(Lunch & Supper not included, both meals at ValleyFair)

**Limited Seating, No Refunds**



- 5:00a.m. Depart STM parking lot (need adults to help carpool/chaperone)
- 6:00a.m. **Load buses at HOLY SPIRIT's** front parking lot (6:15am depart)
- 9:45a.m. Arrive at Valley fair
- 6:00p.m. Leave Valley fair
- 9:45p.m. Arrive at **Holy Spirit's** parking lot
- 11:00p.m. Arrive back in Brookings

Adults needed, 1 adult for every 8 youth  
Mandatory chaperone meeting for all adults going on  
this trip @ 5:40am at Holy Spirit Church  
(on day of trip, May 20)

Inappropriate Behavior as well as alcohol, tobacco, &  
drugs will not be tolerated.  
If there are any incidents parents will be  
called to pick the student up!

Holy Spirit Parish 371-2320 Valley Fair 1-800-386-7433 Emergency cell 759-4226  
Esther's cell 868-1996

**(Return form & \$55 to your parish youth director)**

### CATHOLIC DIOCESE OF SIOUX FALLS YOUTH EVENT PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Valleyfair, June 3<sup>rd</sup>

Participant's Name: \_\_\_\_\_ School Attending \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Gender: \_\_\_\_\_ GRADE : \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Parish & City: \_\_\_\_\_

Parent/Guardian/Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_

Parent or Guardian's Name

Child's Name

To participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from \_\_\_\_\_

Parish Name

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend \_\_\_\_\_ its officers, directors and agents,

(Name of Parish)

and the Catholic Diocese of Sioux Falls, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Catholic Diocese of Sioux Falls, chaperones, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

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

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

Complete BOTH sides of this form...

**MEDICAL MATTERS:** 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. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

**Emergency Medical Treatment:** 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, contact:

|   |                 |
|---|-----------------|
| Name and Relationship to participant: _____ | Phone: _____    |
| Family Doctor: _____                        | Phone: _____    |
| Health Plan Carrier: _____                  | Policy #: _____ |
| Signature: _____                            | Date: _____     |

**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: \_\_\_\_\_

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

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby grant permission for non-prescription medication (such as tylenol, ibuprofen, motrin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information:** The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does the child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

\_\_\_\_\_