

ST. ROSE OF LIMA CATHOLIC YOUTH MINISTRY

ACTIVITY PERMISSION SLIP

Dates: Sunday, January 4th, 2009 We will leave at 7:15am from St. Rose, and return to St. Rose at 9:15pm.

Places: We will leave St. Rose and head to Whitetail Ski Resort for the day!

Transportation Arrangements: We will be carpooling from St. Rose- Drivers are wanted/needed! Please contact Meg

Activities: Ski Trip to Whitetail Mountain

Participant:

Name: _____ D.O.B.: _____ Grade: _____ (H)Phone: _____

Address (with Town/City): _____ Zip: _____

Participant Cell Phone: _____

Medical Info: Allergies (medication/food/other): _____

Medications (indicate dosage, frequency, etc.): _____

You should be aware of these special medical conditions or needs: (dietary, asthma, mobility, bee sting, allergies, other concerns)

Insurance Information: Company Name: _____ Policy #: _____

Insurance Company Phone: _____ and Address: _____

Parent: I, the undersigned, give my permission for my son/daughter written above to attend the activities printed above during the times noted above. In consideration of the benefits to be derived, and in view of the fact that St. Rose of Lima is a religious institution, membership in which is voluntary, I hereby agree to the participation of my child in the activity named above, and exempt and release the leaders of this activity and the officers, agents, and representatives of St. Rose of Lima Parish and the Archdiocese of Washington from any and all liability, claims, demands, actions or causes of action whatsoever arising out of any harm, or injury to my son/daughter incurred during the course of this activity whether such harm or injury results from the negligence of the leaders of this activity or of the officers, agents, or representatives of St. Rose of Lima or from some other cause. I will not hold St. Rose of Lima Parish, it's agents nor the Archdiocese of Washington, chaperones, or representatives associated with the activity responsible in the event of injury.

In the event that I cannot be reached, I hereby grant permission for my son/daughter to be evaluated, diagnosed, treated and/or medicated in accordance with the standard medical practice by licensed medical personnel. In the event that a medical emergency occurs with my child, I grant permission to a St. Rose of Lima Parish leader to ensure emergency medical treatment for my child if I can not be contacted. Minor medications (i.e. Tylenol, Advil, Benydril, allergy medications, Imodium, antacids, etc...) may be administered to my child by a St. Rose adult leader. I relieve St. Rose of Lima Parish, it's agents and the Archdiocese of Washington of all responsibility and consequences that may arise as the result of the emergency treatments or administration of minor medications. Furthermore, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

My child agrees to abide by all rules and regulations. I understand that St. Rose of Lima, it's agents and the Archdiocese of Washington will not be held liable if my child fails to cooperate with the rule and safety measures and that any infractions of the rules may result in immediate transportation home. In the event of a medical problem, serious attitudinal issue or an expulsion due to behavior/safety issues, I will be responsible for my child's immediate transportation home at my, (parent's/guardian's), expense.

Your Emergency Phone #: (am) _____ (pm) _____

Additional Emergency Contacts:

Name: _____ # _____ Relationship: _____

Name: _____ # _____ Relationship: _____

**BRING with
you or you
cannot go
with us!**

Signed: _____ **Date:** _____

Parent/Guardian

Youth/Participant: I have read this document and understand the many considerations involved. I agree to follow all Rules of St. Rose and the host facilities. I understand that significant rule or safety violations will result in my immediate dismissal and/or exclusion from future YM activities. I understand that our primary purpose is to serve others, build community and grow in faith .

Signed: _____ **Date:** _____

Youth/Participant

Info: Meg Russell: mrussell@strose.com w301-948-7545 x.224 Cost: between \$50-\$100, depending on what you need and whether you're buying food at the mountain. We'll have coolers for lunches, too. Check out their website for more information! <http://www.skiwhitetail.com> I need forms- you pay the mountain directly!