

Valleyfair

*White Bear Area Churches are sponsoring a day trip to Valleyfair
FOR ALL YOUTH WHO HAVE COMPLETED GRADES 6-12.*

Friends are invited too!!

Thursday, July 19

**Meet at St. Mary of the Lake Parish Life Center
(4690 Bald Eagle Ave.)
at 9:30 AM**

**Return to St. Mary of the Lake
at 6:00 PM
Cost is \$40.00**



To Register:

*Return attached field trip form and
payment to St. Mary's by
Friday, July 13.*

For Information call the Parish Center at 429-7771

VALLEYFAIR
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participants Name:		
Birth Date:	Grade Completed:	Sex:
Parent/Guardian's Name:		
Home Address:		
Home Phone:		Business Phone:

I, _____, grant permission for my child, _____
Parent or Guardian's name (Print) Child's name

to participate in the below named event(s) and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify St. Mary of the Lake from any claims or lawsuits brought against St. Mary's by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by St. Mary's in defense of such a claim/law suit.

Date of Event:	Thursday, July 19, 2018
Type of Event (Destination):	Valleyfair Theme Park
Individual(s) in Charge:	Youth Ministers
Estimated time of departure and return:	9:30 AM – 6:00 PM
Mode of transportation to and from event:	Bus

Medical Information: Please be sure to fill out **all** of the following information.

Medication my child is taking at present:	
Any other medical information your child's adult leader should know:	
Family Doctor:	Phone:
Family Health Plan Carrier:	Policy #:

EMERGENCY CONTACT: In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship:	Phone:
----------------------	--------

Parent/Guardian Signature: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a hospital or doctor.

Signature:	Date:
------------	-------