

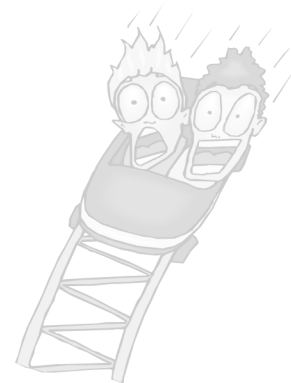
# Valleyfair

*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 18  
Meet at St. Mary of the Lake Church  
(4741 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 12.*

For Information call the Parish Office 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 18, 2019
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:		
<b>Family Doctor:</b>		<b>Phone:</b>
<b>Family Health Plan Carrier:</b>		<b>Policy #:</b>

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

Name & relationship:	Phone:
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**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:
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