

# ANNUAL MARTIN LUTHER KING JR. DAY SKI TRIP TO ALPINE VALLEY

Monday January 18<sup>th</sup>, 2010

All are welcome to join for a day of fun (anyone under 14 years of age must be accompanied by a parent or another responsible adult).

No experience required. Just plan on having lots of fun and laughs.

Prices (20 or more group rate):

\$29.00 Lift Ticket

\$20.00 Ski/Snowboard Rental

\$10.00 Transportation Cost = Total Cost is **\$59.00** per person.

We will meet between 7:00 and 7:15 a.m. at Guadalupe Hall then we will be leaving at 7:30 a.m. We will return around 6:00 p.m. The **Deadline** to sign up is **January 11<sup>th</sup>**. Fill out the form below and back, then drop it into the collection basket, mail it to St. Richard Parish, or bring it to the parish office before deadline.

A \$20.00 deposit per person is required at time of registration. Make checks payable to St. Richard Parish, Youth Quest.

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YOUTH QUEST SKI TRIP - MONDAY JANUARY 18<sup>th</sup>, 2010

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Age: \_\_\_\_\_

# of people joining you: \_\_\_\_\_ Your Address \_\_\_\_\_

Deposit enclosed \$ \_\_\_\_\_ or Paid in Full \$ \_\_\_\_\_ Check # \_\_\_\_\_

\_\_\_\_\_ My parent(s) can drive: we can take a total of \_\_\_\_\_ in our vehicle.

\_\_\_\_\_ I will need a ride

Names of those going with me (Anyone younger than 18 must have a medical emergency form and parent signature):

1: \_\_\_\_\_ 4: \_\_\_\_\_

2: \_\_\_\_\_ 5: \_\_\_\_\_

3: \_\_\_\_\_ 6: \_\_\_\_\_

Please return no later than January 11<sup>th</sup> to

St. Richards Parish,

333 Brookside Dr.

Swanton, OH 43558

419-826-2791

Ski Trip is dependant on the weather at the time of the event;  
A full refund will be given if the trip is canceled.

**\*\*\* No student will be allowed to attend without a completed Permission Slip \*\*\***

## **Toledo Diocesan Field Trip Permission Slip**

Student (name): \_\_\_\_\_ has my permission to take part in our trip with St. Richard Youth Quest to **Alpine Valley for Snow Skiing/Boarding on Monday, January 18<sup>th</sup>, 2010**. Everyone transporting the students is required to have their own personal liability insurance. As this student's parent or guardian, I release St. Richard Parish, Catholic Services, and any associated person or agency from any claims in consideration for the opportunity to participate in this program.

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

### **Medical Emergency Information**

Student's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

In case of emergency contact:

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Evening Phone \_\_\_\_\_

Address \_\_\_\_\_

Medication(s) you **CANNOT** take \_\_\_\_\_

\_\_\_\_\_

Medication(s) you are taking \_\_\_\_\_

\_\_\_\_\_

Allergies/special health problems or concerns \_\_\_\_\_

\_\_\_\_\_

Insurance Co. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Policy # \_\_\_\_\_ Policy Holder's Identification \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\* No student will be allowed to attend without a completed Permission Slip \*\*\***