

White Water Rafting

June 18th - June 20th, 2009

All are welcome to join St. Richard LIFE TEEN for this trip. We will be rafting with NARR (North American River Runners) in West Virginia.

Thursday, June 18 - Travel to campsite. Lodging in cabin tents.

Friday, June 19 - Raft through the raging waters. Meals provided!

Saturday, June 20 - Breakfast, then travel back.

Total Cost: \$150. \$100 for the rafting (12 or under is \$75)
\$50 for travel expenses

Children 13 and under must be accompanied by a parent/guardian. Anyone under the age of 18 must have a permission form from a parent/guardian. An emergency medical form must be filled out for anyone attending.

To receive the appropriate forms, please fill out the information below and return it to parish office, or call Joe Panning at 419-826-2791

Name: _____ Phone: _____

Address: _____

Age: _____ Adult, willing to drive your vehicle Yes / No

of Parent/Guardian Forms _____ # of Emergency Medical Forms _____

Please return by May 15, 2009

*** 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 **White Water Rafting Trip** with St. Richard LIFE TEEN to West Virginia from **Thursday June 18th, through Saturday July 20th, 2009**. Everyone transporting the students is required to have their own personal liability insurance (a copy of proof of insurance is to be brought to the parish office prior to departure), provide seat belts for each rider, and to be responsible for the care of our students. As this student's parent or guardian, I release St. Richard Youth Quest, Catholic Services, and any associated person or agency from any claims in consideration for the opportunity to participate in this program.

Parent or Guardian's Signature _____ Date _____

Parents Name (please print) _____

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 _____