

St. Richard LIFE TEEN Cedar Point Trip

Thursday, June 11, 2009

All are welcome to join for a day of fun (anyone under 15 years of age must be accompanied by a parent or another responsible adult).

Cost:

\$50.00 per person. Includes tickets and travel.

We will meet at 8:45 a.m. at Guadalupe Hall then we will be leaving at 9:00 a.m. We will return around 9:30 p.m. The **Deadline** to sign up is **May 31st**. Fill out the form below and drop it into the collection basket, mail it to St. Richard Parish, or bring it to the parish office before deadline. Also, fill out the appropriate permission slip and the emergency medical form on the reverse side or with this packet.

\$50.00 per person is required at time of registration. Make checks payable to St. Richard Parish, Youth Quest.

Name: _____ Phone #: _____ Age: _____

Your Address _____

Paid in Full \$ _____ Check # _____

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

_____ I will need a ride

Please return to Joe Panning at St.
Richard Parish by May 31st or earlier.
333 Brookside Dr.
call the office at 419-826-2791

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

Toledo Diocesan Field Trip Permission Slip

Student (name): _____ has my permission to participate in the **Cedar Point Trip** with St. Richard LIFE TEEN to Sandusky on **Thursday, June 11, 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 _____