Six Flag Bus Trip Details

Date: Tuesday July 19, 2022
Who: 6-8th graders and 9-12th graders
Time: 6:30am-9:00 pm
Location: We will load the bus at St. Joseph the Worker Church at 7:00am and depart for Adventureland. We will be at the park from open to 5:00pm and return home around 9:00pm
Cost: $90 per person
What to bring: Money for meals and souvenirs, water bottle, comfortable shoes, and Sun screen.

Our day will start by loading the Bus at St. Joseph the Worker at 6:30am. We will be bused to Adventureland and arrive at the park for opening around 10:00am. We will stay in the park until 5:00pm, stop and get food for supper and arrive back around 9:00pm.

Registration fee covers bus fee, parking, and park ticket.
Meals will need to be covered by the individual.
The Registration Deadline is Monday July 18,2021

**Volunteer chaperones, 21 years and older, are needed for this event. If interested/available, please contact your parish youth minister for details.*

Please Return this form and submit the registration fee to your parish youth ministry coordinator listed below. Please make checks payable to your parish.

If your parish is not listed, all Middle school and High School youth are welcome to join us! Any youth ministry leader will accept your permission form/fee.

Dubuque Area Youth Ministry Contacts:

St. Joseph Key West
Parish Office 582-2866

St. Anthony/Nativity
Marcy McElroy 588-0571

Resurrection
Brian Nilles 556-7511

St. Joseph the Worker/ St. Columbkille
Mark Bodensteiner 588-1433

Cathedral /St. Patrick/ Holy Spirit
Jan Thyne 582-7646

Annual Consent Form & Liability Wavier For Event: "Adventureland Bus Trip" 6-8 Grade

Introduction: Dubuque Area Youth Ministry is hosting "Adventureland Bus Trip" for any 6-8th and 9-12th grade teens. This is a social event for teens to encounter Christ's joy in each other and in roller coasters.

Section 1 - Contact Information:

Student Name:_____ **Student Cell #:** _____

Birthdate: _____ **Gender: Female** ☐ **Male** ☐ **Parish:** _____

Parent/Guardian's Name: _____

Home Address: _____

Parent Email Address: _____

Cell Phone#: _____ **2022-2023 Grade:** _____

Section 2 - Off-site/Field Trip Consent Form and Liability Waiver

I, _____ **, (Parent or Guardian's Name)** grant permission for my child named above to participate in parish events this year that may require transportation to a location away from the parish site. The activities will take place under the guidance and direction of parish employees and/or volunteers of ***Dubuque Area Catholic Parishes***. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named student.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend, its officers, directors of ***Dubuque Area Catholic Parishes*** and agents, and the Archdiocese of Dubuque, chaperons, or representatives associated with the events, arising from or in connection with my child attending the events or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Dubuque, chaperons, or representatives associated with the events for reasonable attorney's fees and expenses which they may incur in any action I/we may bring against them as a result of such injury or damage, unless such claim arises from the negligence of the parish or the Archdiocese of Dubuque.

Signature: _____ **Date:** _____

Section 3 - Specific Medical Matters**:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Item A - Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Emergency Contact Name & Relationship: _____

Home Phone:_____ **Cell Phone:** _____

Family Doctor: _____ **Phone#:**_____

Family Health Plan Carrier: _____ **Policy #:** _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM!

Item B - Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Dubuque, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as vomiting, sore throat, fever, diarrhea, I want to be notified. ☐ **Yes** ☐ **No**

On-site Nonprescription Medication Permission - I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child in the event a condition arises after my child is already in attendance at the on site program. ☐ **Yes** ☐ **No**

Item C - Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence. Check/explain all that are applicable to this student/participant.

☐ Allergic reactions (medications, foods, plants, insects, etc.):_____

☐ Utilizes asthma or airway constricting prescription medication

☐ Has a medically prescribed diet? _____

☐ Any physical limitations? _____

☐ You should be aware of these special medical conditions of my child: _____

_____

Would you be able to serve as a volunteer chaperone? Circle YES or NO

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Parent/Guardian Signature:_____

Date:_____

Please return this permission slip by: **July 18, 2022 (Final Deadline) to your parish Youth Ministry Leader**

PLEASE COMPLETE BOTH SIDES OF THIS FORM!