

MIDDLE & HIGH SCHOOL "DOG DAYS OF SUMMER" **TRIP TO MOUNT OLYMPUS**



Wednesday, August 16th 8:00am-9:30pm

(Drop off and pick up at Good Shepherd)

Cost \$40 (includes lunch and dinner) Friends ALWAYS welcome!!

Deadline for sign up: Wednesday, August 9th

Name of Son/Daughter: _____ **Grade (Fall 2017):** _____

Parish: _____ **OR I am a guest of** _____

Parish/School: Good Shepherd Catholic Church **City:** Menomonee Falls **Supervisor:** Corinna Ramsey

Phone: 262-255-2035 **Parish/School Joining:** St. James, St. Agnes, St. Mary & St. Anthony

Destination/Activity: Mount Olympus Water & Theme Park **Date:** August 16, 2017

Mode of Transportation: Chaperone vehicles or bus **Arrival Time:** 8:00am to Good Shepherd

Pick up time: 9:30pm from Good Shepherd **Please Complete Form and Return to CF office by:** Wednesday, August 9th, 2017

Cost: \$40 (includes lunch and dinner)

In consideration for my child/ward participation, I agree to reimburse and indemnify parishes for all reasonable legal and court fees incurred by parishes in defending a lawsuit that I or my child/ward may bring against parishes, which relates to the above named activity if it is found not legally liable by the courts and prevails in the lawsuit. If the parishes are found legally liable for injuries sustained by son/daughter/ward, this paragraph will not apply. I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I have the opportunity to fully discuss this agreement with a representative of the parishes to clarify any concerns or questions about the activity or this agreement that I may have. As parent or guardian of the above named student, I give permission for my child to participate in the field trip described above:

PARENT/GUARDIAN'S NAME(S): _____

Home Address: _____ **City, State, Zip:** _____

E-mail address(es): _____

Home Phone: _____ **Other phone(s):** _____

Signature: _____ **Date:** _____

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. If you are unable to reach me at the above numbers, contact:

Alternate Contact Name: _____ **Phone:** _____

Physician's Name: _____ **Phone:** _____

Name of Medical Insurance: _____ **Policy #:** _____

Pertinent Medical Conditions: _____

Inhaler/Epi-Pen Only: My child may or may not carry and self-administer.

Food Allergies? No Yes If so, what are you allergic to? _____

I hereby give my permission to the parishes for photographs and/or videos that may include my child's image to be used in promotional materials. This includes any prints, slides, copies, reductions, or any other processes or treatments necessary to make a photograph/video for reproduction purposes. I release all rights and privileges for financial obligations for this permission.

Parent/Legal Guardian Signature: _____ **Date:** _____

_____ **Yes, I am available to chaperone.** I can drive _____ number of youth in my vehicle if needed.

Name of Chaperone: _____ **Contact information: (if different)** _____