

March 1, 2017

Dear Altar Server,

In appreciation of your ministry to our church, SS. John & Paul would like to invite you to a day trip to Cedar Point on **Wednesday, June 28th**.

We will be leaving from SS. John & Paul at 6:30 AM and returning approximately 11:30 p.m. We will be traveling in a chartered 56 passenger Indian Trails Motor Coach which will be provided by SS. John & Paul.

The cost of the trip is **\$40.00 for you and chaperones, (chaperones must be willing to supervise other altar servers)**. The normal cost of the bus, ticket, morning bagel and juice, and snacks are approximately \$80.00 a person. The church would like to thank you for your service and is subsidizing the cost so it is more affordable for you to attend this wonderful day. You are welcome to bring other family members or friends but know that they will be placed on a waiting list. These people **will be added once the June 15th date is past** and they will be added on **a first come first serve basis**. The cost for them will be **\$58.00**. When you submit your friends or family members permission slip along with their payment please make sure that someone in the office places the date when that permission slip was received at the top of the slip. Young people and chaperones should also bring money for lunch, dinner, snacks at the park, souvenirs, etc.

Anyone who is elementary or middle school age will need to have a chaperone for the day. All persons participating in the trip (without chaperone) will be required to be in a group of 6 or more for the entire day and check in with the tour leader once during the day. **Failure to do so could keep you from future outings.**

If you would like to participate, please fill out the enclosed permission slip, medical treatment form, and make a check payable to SS. John & Paul and turn them in by Thursday, June 15th. Please remember all the bus seats will be filled on a first come first serve basis.

Once again, we truly appreciate all you do for our church family and hope that you will be able to participate in this fun outing! If you have any questions, please call Karen Peters at the church office at 781-9488.

SS. John & Paul Youth Ministry Team

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Return this portion of the form with the medical information by: **June 15th** to **Karen Peters**

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the parish facilities and that my child will be under the supervision of the designated staff person on the stated dates. I further consent to the conditions stated above regarding participation in this event, I covenant not to sue or bring any cause of action against SS. John & Paul Parish, Catholic Youth Organization, the Archdiocese of Detroit, any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers, from any claims, demands, or causes of action of whatever kind and nature arising from or relating to my child's participation in this event.

Any specific medical conditions that we should be aware of _____ Yes _____ No

If yes, please explain on the back of this form.....

Print Parent/Guardians Name)

Parents Signature

Date

**ALL Altar Servers
MUST have an
adult chaperone!**

Yes, my son/daughter has been to Cedar Point before and has rode coaster rides

No, my son/daughter has NEVER been to Cedar Point or rode any type of coaster rides



Yes, I would like to be a chaperone and be responsible for other altar servers. I have enclosed my check for \$40.00.....Thank You!

Yes, I would like to donate juice boxes, water bottles, bagels or muffins, granola bars, snack bags of chips, etc. for the bus ride down and back. I will bring _____ in a quantity of _____ to the church by **June 26th.** Thank You!

*******STATEMENT OF CONSENT ABOVE*******

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a catechetical or youth ministry sponsored activity requiring transportation to a location away from parish facilities. This activity will take place under the guidance and supervision of staff from SS. John & Paul Parish.

Name of Event: Altar Server/Teen Cedar Point Outing

Destination: Cedar Point, Sandusky, Ohio

Designated Administrator of Activity: Karen Peters from SS John & Paul Parish

Date & Time Departing: Wednesday, June 28, 2017

Leaving SSJP at 6:30 a.m. SHARP

Date & Time Returning: Wednesday, June 28, 2017

Returning to SSJP at approximately 11:30 p.m.

Method of Transportation: Indian Trails Motor Coach

Student cost & things to bring: **\$40.00** (58.00 for siblings/friends)
Plus money for meals & souvenirs, etc.

If you would like your child to participate in this event, **please complete, sign, and return the above** statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

Everyone MUST complete a NEW Medical Treatment Form (Attached) for this event!

MEDICAL TREATMENT AUTHORIZATION FORM

As parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Student's Name: _____ Relationship to you: _____

Address: _____ Home Phone: _____

Cell Phone: _____

Type of activity or school year for which release is intended: _____

PARENTS/LEGAL GUARDIANS INFORMATION

Father	Address	Home Phone:
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Mother	Address	Home Phone:
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Where parents can be reached when not at home:

Father: _____ Cell # _____

Mother: _____ Cell # _____

Family Physician: _____ Phone # _____

Address: _____

List Allergies, medication, or other pertinent comments:

Health Insurance Date:

Company: _____ Policy # _____

Group: _____ Contract: _____

List a neighbor or close relative who will assume care of your child if you cannot be reached....

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Relationship: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Right that may be presented by the physician or health care facility.

This authorization form is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ Signed: _____

(Parent or Guardian)