

March 1, 2017

Dear Teen,

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 for you is **\$40.00**. The normal cost of the bus, ticket, morning bagel & 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 15<sup>th</sup> 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 bottom 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 be assigned a chaperone for the day. **All persons participating in the trip 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 release form, and make a check payable to SS. John & Paul and turn them in by Thursday, June 15<sup>th</sup>.**

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 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**

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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:

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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: \_\_\_\_\_

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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)