

SIX FLAGS FRIGHT FEST TRIP (6th – 12th Grade)

Saturday, October 25th 2014 10:00AM-10:00PM

St. Margaret Mary Youth Ministry

Youth Ministry Liability Release Form

Participant's Name: _____

Birth Date: _____ Grade: _____

Parent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Parent E-Mail: _____

I grant permission for the administration of First Aid to my youth by the people in charge of the event, and those transporting my child to and from the event as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery deemed necessary for my child.

Allergies? NO YES (circle one)

If yes, specify:

Medication(s) presently taking:

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This authorization form constitutes permission for my youth's participation in the videotape and or still photographs, which may be used for future promotional efforts, including the Diocese of Rockford website and St. Margaret Mary website.

If you are unable to reach me during this event, please contact:

Name: _____

Relationship: _____

Phone #: _____

Total Cost (If you have a season pass): \$10

Total Cost (without a season pass): \$45

NOTE: Please also bring at least \$20 for a meal in the park.

Check # _____

I, _____ (Parent Name)

give permission for my son/daughter to attend:

Activity: Six Flags Fright Fest

Date: Saturday, Oct. 25th 2014

Time: 10:00AM-10:00PM

Location: Six Flags Great America (Gurnee, IL)

Transportation: School Bus Pick Up 10:00AM (Ministry Center) & Bus Drop Off 10:00PM (Ministry Center)

COST: (If you have a season pass) = \$10

COST: (If you do not have a season pass) = \$45

FOOD: Please bring at least \$20 for a meal in the park.

Designated Supervisor of Activity and Phone:

General Contact: Jon Bator (Director of Youth Ministry)

Cell: (224)622-7215 - jon@saintmargaretmary.org

I hereby release and indemnify my parish, St. Margaret Mary in Algonquin, IL its staff, volunteers and the Diocese of Rockford from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

Code of Behavior

As a participant in this event, he or she is representing our parish during this event and we expect he/she will represent us well. We expect that he/she will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our diocese.

Important Rules for the Six Flags Fright Fest Trip

1. All teens must stay in a group of 4 or more.
2. 6th & 7th graders must have an adult chaperone with their group at all times.
3. All groups without an adult chaperone must check in via phone with Jon Bator, twice during the day.
4. Teens must be responsive to calls and texts from adult chaperones.
5. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
6. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring dismissal, I am responsible for my removal for the premises and any costs involved. If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Youth Signature: _____

Parent/Guardian Signature: _____

Date: _____