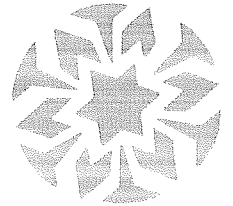


Ski Trip Registration



Sundown Mountain, Dubuque Saturday February 11, 2012

Must be turned in by
January 27, 2012 to:
St. Pius X Parish Youth Ministry
4949 Council St. NE
Cedar Rapids, IA 52402



FORMS RECEIVED AFTER JANUARY 27TH (OR) FORMS NOT FILLED OUT COMPLETELY MAY NOT BE ACCEPTED

(ie: shoe size, weight, Dr. info, etc... if this is not filled out it causes great delay for all!)
No refunds unless trip is cancelled due to bad weather. If cancelled, this trip will not be rescheduled. This is a combined group from St. Pius, St. Elizabeth, & St. Ludmila Parishes

| | | | |
|-------------------------------------|--|-------------------------|---------------|
| Participant Name: _____ | | | |
| Phone: _____ | 2nd Phone: _____ | Email _____ | |
| School: _____ | Grade: _____ | Parish: _____ | |
| Shoe Size: _____ | Weight: _____ | Height: _____ | Age: _____ |
| Skier Type <i>(circle one)</i> | Beginner | Intermediate | Advanced |
| <u>Package (Circle One):</u> | Ski Rental & Lift | Snowboard Rental & Lift | Ski Lift Only |
| <i>NO REFUNDS</i> | \$55 | \$55 | \$40 |
| | <i>(All choices include an optional free ski lesson)</i> | | |

Ski Trip, Saturday February 11, 2012

You need to either bring your own sack supper or purchase a meal at Sundown.

We will meet at 1:45pm in the St. Pius X parking lot and will return at 11pm. (please have your ride waiting for you.)

Call your Youth Minister with any questions...

Lisa Bejarno/ St. Pius X: 393-4445
Angie Bulman/ St. Elizabeth: 393-3778
Bob Gardner/ St. Ludmila: 298-9525

OFFICE USE

Check # _____

Check Amount _____

Participants check is paying for:

**Ski Trip
Parental/Guardian Consent Form and Liability Waiver**

Participant's name: _____ Birth date: _____ Sex: M F

Parent/Guardian's name: _____

Home address: _____

Primary phone: _____ Secondary phone: _____ Email: _____

I grant permission for my child to participate in this school/parish event that requires transportation to a location away from the school/parish site. This activity will take place under the guidance and direction of school/parish employees and/or volunteers of St. Pius X, St. Elizabeth Ann Seton, and St. Ludmila parishes.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Pius X, St. Elizabeth Ann Seton, and St. Ludmila parishes, its officers, directors and agents, and the Archdiocese of Dubuque, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event(s) 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 representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____

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.

Of the following statements pertaining to medical matters, sign only those that are applicable.

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:

| | |
|-----------------------------------|-----------------|
| Name & relationship: _____ | Phone: _____ |
| Family doctor: _____ | Phone: _____ |
| Family Health Plan Carrier: _____ | Policy #: _____ |
| Signature: _____ | Date: _____ |

Other Medical Treatment: In the event it comes to the attention of the parish/school, 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 headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence.

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

Does child have a medically prescribed diet? _____

Any physical limitations? _____

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