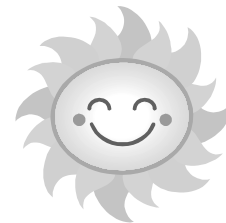


# Fun in the Sun



PRESENTS

**Summer Fun Sponsored by the Ozaukee County Catholic Parishes**

Lumen Christi-Mequon / Our Lady of the Lakes-Random Lake / St. Francis Borgia-Cedarburg /  
St. Joseph-Grafton / St. Mary-Lake Church / Immaculate Conception-Saukville  
St. Mary & St. Peter-Port Washington / Holy Rosary-Fredonia



## **Six Flags Great America Monday, June 20**

**\$55.00/person**

**Includes admission & transportation**

LEAVES:

St. Joseph—Grafton 9:00 AM

RETURNS:

St. Joseph—Grafton 10:30 PM

Bring: sunscreen, swim suit, towel change of clothing for water park (optional), spending money Coolers available for bag lunches

Registration due by June 3, 2011

## **Noah's Ark**

**Tuesday, August 2**

**\$45.00/person**

**Includes admission & transportation**

LEAVES:

St. Peter's - Port Washington 8:00 AM

RETURNS:

St. Peter's - Port Washington 9:30 PM

Bring: change of clothing, towel, sunscreen, swimsuit, spending money. Coolers available for bag lunches

Registration due by July 26, 2011



Save the Date: **Get Locked Into Leadership** will be **November 11!**

More details will be available as we get closer to the date.

- All young people in grades 6-12 are welcome to participate in these events. **YES, your friends may come even if they do not belong to one of the sponsoring parishes!**
- Use the order form below to reserve your space. All ticket orders for an event must be accompanied by *one check* made payable to your sponsoring parish.
- We must receive one permission slip for each child for each event.
- Please make photocopies of the included permission slip for all those who need one.
- Permission slips and payments for an event must be received by your parish youth minister by the event registration deadline given.
- Events will take place rain or shine. We cannot give refunds due to bad weather.
- If you have any questions, please contact your parish youth minister.

Parent or other adult chaperones (at least 21 years old) are needed for all events. Chaperones participate for **FREE**. Contact your parish youth minister if interested.

Parish \_\_\_\_\_ Family Email \_\_\_\_\_

Family Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Great America Number of Tickets: \_\_\_\_\_ at \$55 per ticket = \$ \_\_\_\_\_

Noah's Ark Number of Tickets: \_\_\_\_\_ at \$45 per ticket = \$ \_\_\_\_\_

Please make check payable to your sponsoring parish. Return order form, check, and permission slip to your parish youth ministry office.

# Fun in the Sun - Permission Slip

In consideration of my parish, \_\_\_\_\_, arranging for a youth ministry trip to

\_\_\_\_ **Great America** on **Monday, June 20, 2011**

\_\_\_\_ (Parent/Guardian initials)

\_\_\_\_ **Noah's Ark** on **Tuesday, August 2, 2011**

\_\_\_\_ (Parent/Guardian initials)

Please check here if an adult is available to assist as a chaperone.

I, the undersigned parent/guardian of \_\_\_\_\_, a minor, hereby release and agree to hold harmless the above named parish or any of its advisors, chaperones or persons connected with the trip(s) from any liability, claims, damages for personal injury, property loss/damage which may result during the event.

\_\_\_\_\_  
Signature of Parent/Guardian

Dated this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

**Use of Photos:** I give the sponsoring parishes permission to use photos or videos of my children taken during program activities for future program promotion purposes.

\_\_\_\_\_  
Signature of Parent/Guardian

Dated this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

The undersigned participant \_\_\_\_\_ hereby agrees to abide by the rules established for the above event(s).

\_\_\_\_\_  
Signature of Participant

Dated this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

## Authorization for Medical Treatment

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Family email

\_\_\_\_\_  
Child's Birth Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

I hereby authorize the treatment, administration of anesthesia, surgical treatment(s) for my minor son/daughter \_\_\_\_\_ in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital, physician(s) and nursing personnel within the physician's staff where treatment is rendered in the physician's office. I realize from medical responsibility and liability the hospital, physician(s) and nursing personnel for performing medical procedures acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child.

\_\_\_\_\_  
Signature of Parent/Guardian

Dated this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

**and valid until the 31 day of August, 2011.**

Special Medical Conditions/Other Necessary Health Information:

\_\_\_\_\_  
\_\_\_\_\_