



# Mt. Kato Ski Trip

Friday, February 17<sup>th</sup>, 2012

\*Load Buses at 6:45am Leave at 6:59am  
Return 8:30pm

\*Leave from HOLY SPIRIT CHURCH front parking lot

- \*All Grades 6<sup>th</sup>-12<sup>th</sup> graders are invited (Bring a friend)
- \* First come basis, buses fill up fast.
- \*No Forms taken after Sunday, February 5<sup>th</sup>

\* **Cost:** \$59 includes light breakfast, ski/board rental, lessons and lift ticket  
\$49 if you bring your own ski's or snowboard  
(non-refundable)  
\*You will need money for lunch at the lodge supper on the drive back to SF!

\* Sponsored by Catholic Youth Ministers of Sioux Falls Area

CHAPERONES: Yes, we need adults. Your cost is \$30 (w/ or w/o rental). **Adults must complete a form also!**

**Note:** talk to your youth minister to see if you are responsible for this cost.

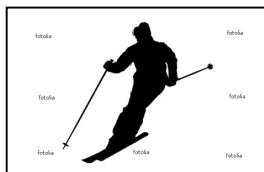
\* There will be a mandatory chaperone meeting for all adults going on the ski trip on  
Friday, February 17<sup>th</sup> at 6:11am, meet at Holy Spirit School entrance - front of building

\* Good Behavior is expected! No alcohol, tobacco or drugs will be tolerated!

\* If there are any incidents parents will be called to come and pick up the student.

Mt. Kato # 1-800-668-5286 Emergency Cell#759-4226 Holy Spirit Church #371-2320

**Fill out the attached form and return to YOUR CHURCH with payment (payable to your church)**





CATHOLIC DIOCESE OF SIOUX FALLS OVERNIGHT YOUTH EVENT  
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Name: \_\_\_\_\_ School Attending \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Gender: \_\_\_\_\_ GRADE : \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Parish & City: \_\_\_\_\_  
Parent/Guardian/Name: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_  
Parent or Guardian's Name Child's Name  
To participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from \_\_\_\_\_  
Parish Name  
I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend \_\_\_\_\_, its officers, directors and agents,  
(Name of Parish)  
and the Catholic Diocese of Sioux Falls, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event 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 Catholic Diocese of Sioux Falls, chaperones, 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 and Relationship to participant: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: \_\_\_\_\_  
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 tylenol, ibuprofen, motrin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate. Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Specific Medical Information:** The parish will take reasonable care to see that the following information will be held in confidence.  
Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_  
Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_  
Does the child have a medically prescribed diet? \_\_\_\_\_  
Any physical limitations? \_\_\_\_\_  
Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting \_\_\_\_\_  
Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: \_\_\_\_\_  
You should be aware of these special medical conditions of my child: \_\_\_\_\_