

GRACYM CANOE TRIP

ROOT RIVER, LANESBORO, MN
JULY 9TH, 2018
7:30AM~6PM(APPROXIMATELY)

DEPART FROM ST. PIUS X NORTH PARKING LOT
COST: \$30 (SCHOLARSHIPS AVAILABLE)
CANOE RENTAL, SACK LUNCH AND SNACKS INCLUDED
IF TIME ALLOWS WE WILL STOP AT THE
CHATHFIELD DAIRY QUEEN ON OUR WAY HOME

FOR MORE INFO CONTACT KATIE STINSON
507-288-8238 | [KSTINSON@PJUSX.ORG](mailto:kstinson@pjusx.org)
OR YOUR PARISH YOUTH MINISTER

Name of Event: GRACYM Canoe Trip

Cost: \$30 per student (scholarships available)

Location/Destination: Root River, Lanesboro, MN

Method of Transportation: Chaperones and Youth Minister

Dates/Times: Monday, July 9th 7:30am - 6pm

Leader/Supervisor: Katie Stinson

PARTICIPANT INFORMATION::

Full Name _____ Mobile Number _____ (Optional) Text? Yes No

Graduation Year _____ Email _____ (Optional)

Address _____

Parent/Guardian Information:

Name _____ Contact Number _____ Text? Yes No

Relationship _____ Email _____ (Optional)

Secondary contact information:

Emergency Contact Info: (In case we can not get a hold of a parent or guardian)

Name _____ Primary # _____ Secondary # _____

PARENTAL CONSENT/LIABILITY WAIVER/MEDICAL RELEASE:

I, _____, grant permission for _____ to participate in the above named activity and I warrant that my child is in good health, and assume all responsibility for the health of my child. In consideration of my child's participation, I agree to indemnify any of the Rochester Catholic parishes, or the Diocese of Winona from any claims or law suits brought against them by myself, my child, our heirs, successors and assigns, that arises out of any behavior by my child at the event described above. I also agree to pay reasonable attorney's fees or expenses incurred by the Rochester Catholic Parishes and the Diocese in defense of such a claim/suit. In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. I agree to pay the cost of medical treatment in connection therewith, and agree to compensate the parish and the Diocese of Winona for expenses incurred.

Parent/Guardian Signature: _____ Date: _____

SPECIFIC MEDICAL INFORMATION (OPTIONAL):

Chaperones will take reasonable care to see that the following information will be held in confidence.

Allergic reactions? Physical limitations? Medically prescribed diet? Other _____

Date of most recent tetanus/diphtheria immunization _____

Notes about any of the checked boxes above and/or anything else you would like us to be aware of:

My child will bring all such medications necessary, and such medications will be well-labeled and in original containers.

Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage is as follows: _____

Family Health Plan Carrier _____ Policy # _____

Family Doctor/Clinic _____ Phone Number _____

PHOTO DISCLAIMER:

It is common practice for Holy Spirit Parish to use photos (without names) on our parish website, social media and in publications such as the weekly bulletin (without names). I give my consent for my child (children) listed on this form to be photographed with the understanding that these photos may be used. To opt out, please contact the Youth Ministry Office.