



Hershey Park Trip



FOR ALL 6TH, 7TH AND 8TH GRADE YOUTH GROUP MEMBERS AND THEIR FAMILIES

When: [Monday, June 14, 2009](#) (9am – 9pm)
(Buses will depart from and return to St. Ephrem Parking Lot)

Registration - Please complete the form below and the attached permission slip/waiver along with your payment (check payable to St. Ephrem Youth Group) by **April 6th** and send into school marked Hershey Park.

Any individual who will be traveling with the Youth Group will be required to fill out a permission form. Please make sure you completely fill out the [2 pages](#) of the YG permission form. Anyone attending the trip who is over 18, will need to fill out the Over 18 disclaimer form (which is on the communication website).

Bus seats are limited to a total of 110 seats. They will be on a first come, first serve basis. All others will be put on a waiting list.

Tickets and more information will come home with the children the week before the trip. The trip is non-refundable. The tickets are good for the Hershey Park 2010 Season. If you know anyone who is planning on going to Hershey Park this summer we would be happy to get them our discounted price.

Parents – Be aware that the day of the trip we will have one check in time, but the children are mostly on their own and asked to use the buddy system. I will be giving out my cell number which they can call that day if they need me.

If you have any questions, please email dianerwn@aol.com or call Diane Rowan on 215-244-1147.

Student name _____ Room # _____
Phone # _____ email _____

	#Tickets	Total Cost
Cost: Discounted Youth Group with Service Project		
Ticket & Bus Fee: \$42	_____	_____
My service project was _____		

Without Service Project:		
Admission Ticket Price:	\$29	_____
Plus Bus Fee	\$35	_____

Additional Tickets

Adult Admission Ticket Price	\$29	_____	_____
Children/Senior (3-8 & 55-69)	\$24.50	_____	_____
Bus Fee per person	\$35	_____	_____
	TOTAL		_____

**FOR PARTICIPANTS UNDER 18
DISCLAIMER OF RESPONSIBILITY
AND HOLD HARMLESS AGREEMENT
PARENTAL PERMISSION AND MEDICAL AUTHORIZATION
FOR HERSHEY PARK TRIP
PARISH/CYO/YOUTH GROUP**

We (I) the parent(s) or legal guardian(s) of _____ (child's name); _____ (age) hereby give permission for our child to participate in the sport/activity named above, and acknowledge and agree the above Parish/CYO/Youth Group has no responsibility or liability for the above sport/activity even if the Parish/CYO/Youth Group may have provided some assistance with the arrangements for the event such as publicity, group transportation or group discounts and that **THIS IS NOT A PARISH/SCHOOL EVENT.**

PARENT UNABLE TO ATTEND:

We (I) _____ (parent or guardian's name(s)) are unable to attend with our (my) child as a participant or spectator; therefore, we further agree that we have provided all the necessary and proper instructions to our (my) child and that our (my) child can use and rely on their own good judgment to match their past participation (which may range from novice/beginner to advanced/professional) in the sport/activity to the proper level of skill and experience for the duration of this event, his so doing, we understand that only we (I) can fulfill our parental duty and no other person or chaperone can maintain an equal or high standard than the level of parental responsibility or supervision for the sport/activity than we (I) can provide by being present. In our (my) absence, we (I) agree that the Parish/CYO/Youth Group or anyone else who may provide some care of our (my) child has absolutely no responsibility nor liability whatsoever for the above sport/activity even if the Parish/CYO/Youth Group or others may have provided some assistance with the arrangements.

PARENT ATTENDING:

We (I) _____ (parent(s) name(s)) will be participating in the above sport/activity along with our (my) child.

BOTH ATTENDING AND NON-ATTENDING PARENTS:

Recognizing that injury may occur in any sport/activity, and that the above sport/activity like other high risk sports/activities, is more prone to accidents of injury which may be serious or even life threatening, we (I) hereby assume the risk in full for the above sport/activity and for our (my) child and for ourselves (myself) as a participant/spectator and with full knowledge of the risks inherent in such sport/activity hold harmless the Parish/CYO/Youth Group, the Archbishop of Philadelphia, the Archdiocese of Philadelphia, and its priests, religious, employees, agents, and volunteers (collectively called Parish/CYO/Youth Group) involved in any level of organizing or aiding in the arrangements for the sport/activity, from any and all claims or liabilities, whether direct or indirect, for any and all bodily injury and/or property damage arising from our (my) child's participation in the sport/activity, as a participant or a spectator, to include any travel to and from such activities and agree to assume the full risk and responsibility for such injury or illness.

We (I) understand that this agreement is for the duration of the sport/activity to include any and all meetings or other related programs or events and any travel to and from such activities at the above facilities or fields or any other location made available for our (my) child's use and recreation.

We (I) hereby give our (my) permission to take our (my) child to a doctor/hospital, and hereby authorize medical treatment, including, but not in limitation to emergency surgery or medical treatment and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we (I) hereby assume all transportation costs.

We (I) are (am) further providing our (my) child's insurance information/insurance card and listing my telephone numbers where I can be reached at **ALL TIMES ON MONDAY, JUNE 14, 2010.**

We (I) have read this document completely and in its entirety and we (I) understand its contents.

Parent/Guardian Name – **Please Print**

Parent/Guardian Signature

Date

_____ cell /home
_____ cell/home

Telephone Number of Parent/Guardian

2nd Telephone number of Parent/Guardian

Insurance Company Name

Insurance Policy Number

Physician's Name

Physician's Telephone Number

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