

North Deanery CYO Day To:



**Any Incoming 7th - 12th Graders
Wednesday, July 19, 2017**

We will depart from the front parking lot of **St. Matthew @ 8:00 a.m.**
and return to St. Matthew @ 11:00 p.m.

Cost: \$80.00 (Includes admission tickets and bus fee)
Make checks payable to: **St. Pius X**

Bring: Appropriate swimsuit for Water Park, towel, change
of clothes & MONEY for meals and drinks

All permission slips are due: Friday, June 16, 2017
**Any forms received after this date will be placed
on a waiting list!**

We do need adult chaperones to make this event possible.
Please sign up to chaperone on the registration form.

If you have any questions please contact:
Craig Gehlhausen, SPX Coordinator of Youth Ministry
@ (317) 466-3370 or cgehlhausen@spxparish.org

NDYMA Travel Event Guidelines 2016-2017

King's Island Trip: **Name of Youth Participant:** _____

You are representing the Archdiocese of Indianapolis and your parish during this event and we expect you will represent us well. We expect that you will display a mature and responsible behavior, which for many years has been the trademark of Catholic youth.

Some Expectations:

- + All participants are expected to arrive on time.
- + All participants are expected to demonstrate common courtesy and respect at all time. Inappropriate language/behavior will not be tolerated.
- + Socializing should always be done in public areas.
- + Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
- + The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug by an individual is not permitted.
- + Smoking is not permitted.
- + Weapons and drug paraphernalia are not allowed.
- + All participants must follow the transportation rules and regulations set forth by the Archdiocese of Indianapolis; of which will be announced and enforced upon departure of the event, and must be followed for the duration of the event.
- + If under the age of 18, prescription drugs need to be given to an adult for storage and distribution.
- + Infraction of these rules can mean immediate dismissal with no refund. Participants are also responsible to local authorities as well.

I understand and agree to this behavior code. I also understand and agree that at anytime of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

I also understand and agree that my parents or guardians will be notified at the time of an infraction requiring my dismissal. My parents or guardians will be responsible for my removal from the premises and any costs involved.

****Youth Signature:** _____ **Date:** _____

I request that my child, _____ be allowed to participate in the **CYO King's Island Trip on July 19, 2017** and hereby release and indemnify The North Deanery Youth Ministers, its staff, volunteers and the Archdiocese of Indianapolis, from any and all liability from claims of any kind or nature whatsoever from my child's participation in this event.

I understand that I will be notified at the time of any major infraction by my child, which will result in his/her dismissal from the event. I will also be required to pick up my child from the event at the time of the infraction.

I grant the permission of First Aid to be given to my student by the people in charge of the event, and those transporting my child to and from the program as their judgement deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery, if deemed necessary for my child.

Insurance Company Name: _____

Name of Policy Holder: _____

Policy Number: _____ **Group Number:** _____

Authorized Physician: _____ **Phone Number:** _____

Parent Name(s): _____

Cell Phone Number(s): _____

****Parent Signature:** _____ **Date:** _____

I can chaperone: _____ **I am Safe & Sacred trained:** _____ **I have a background check on file:** _____