REGISTER NOW – Rock the Universe
September 9, 2017

Our Lady of the Angels is inviting our Youth Group to attend Rock the Universe in Orlando, FL.

Who: OLA Youth Group Members entering 6th-12th grade, Fall 2017

Where: Universal Studios, Orlando, FL

When: September 9, 2017

Cost: Special rate for Youth Group members is $40 per person, non-refundable. *(The actual cost to attend is $74 per person and includes travel, and a ticket to the park.)*

Registration Deadline: **August 30, 2017**

We will meet at the church on Saturday afternoon and travel as a group to the event and will return to the church late Saturday night. For more information email youth@olangelscc.org or call 941-752-6770 for more information. **Additional money will be required for a meal while at Universal Studios*

Fill out form and return with payment to reserve your spot with the group. **Date:**_____

Youth Group Member Name: _____Grade in Fall 2017____

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Special Accommodations Required: _____

Parent Name: _____ Phone _____

___ Check if you are available to chaperone (1:10 ratio required).
___ Check if you have Safe Environment Training on file at OLA office.

Number of Registered Youth _____ x $40 = _____ Total Registration Due with Form by 8/30/2017.

Checks can be made payable to: Our Lady of the Angels

DIOCESE OF VENICE IN FLORIDA

Notification of Trip and Event
For Catholic school students, youth groups, and religious education students

To be completed by trip/event leader:

CATHOLIC SCHOOL: _____

or PARISH NAME (for Religious Ed/Youth Outreach): Our Lady of the Angels

TRIP/ EVENT*: Rock The Universe

GRADE, CLASS or GROUP: MS and HS Youth Group

PLACE OF EVENT: Universal Studios

NAME OF TRIP/EVENT LEADER: LeAnne McKendree

NATURE OF ACTIVITY: Concert/Amusement Park

DATE(S): 9/09/17 _____ TIME EVENT BEGINS: 3:00 PM ENDS: 3:00 AM

PLACE OF DEPARTURE/RETURN: OLA Parking Lot

MODE OF TRANSPORTATION: Charter Bus

*If this is a sporting event, Competition Schedule should be attached

_____
Participant's Name

Phone # of person legally responsible:
Cell: _____

Home: _____

Work: _____

_____
Address of participant

_____
E-mail (of parents/guardian for minor)

_____
Emergency Contact Name (other than parent/guardian)

Emergency Contact Phone #s:

Cell: _____

Home: _____

Work: _____

_____
Parent/Guardian Name (Printed)

This event notification is furnished in accord with the provisions of the *Consent, Release of Liability and Indemnification Form for Trips and Events of Diocesan Schools/Youth Outreach/ Religious Education Programs* previously executed by the undersigned parent/guardian of a minor participant or adult participant, _____, and I understand that the terms of that agreement apply to this event.

_____ _____

Signature of Minor's Parent/Guardian or Adult Participant Date signed

Please return by _____ to _____.
Thank you.

In the case of field trips for which a school/parish owned bus or a chartered commercial bus is not used, the following must be signed:

I understand that the school is not responsible for the transportation of students for the field trip.
Check one:

____ I will drive my own child to and from the event.

____ I give permission for my child to ride with the following volunteer driver:

_____

I understand that volunteer drivers do not have CDL licenses and have only standard insurance coverage.

Signature of parent/guardian _____