

Six Flag Bus Trip Details

Date: Tuesday June 8, 2021

Who: All current 9-12 graders

Time: 6:30am-11:50 pm

Location: We will load the bus at Resurrection at 6:30am and depart for 6flags we will be at the park from open to close and return home around 11:50pm

Cost: \$80.00 per person

What to bring: Money for meals and souvenirs, water bottle, comfortable shoes, and Sun screen.

Our day will start by loading the Bus at Church of the Resurrection at 6:30am. We will be bused to 6 Flags Great America and arrive at the park for park opening by 10:00am. We will stay in the park until closing and arrive back by 11:50pm.

Registration fee covers bus fee, parking, and park ticket. Meals will need to be covered by the individual.

The Registration Deadline is Tuesday May 8, 2021

**Volunteer chaperones, 21 years and older, are needed for this event. If interested/available, please contact your parish youth minister for details.*

***Please Return this form
and submit the registration fee to your
parish youth ministry coordinator listed below.
Please make checks payable to your parish.***

***If your parish is not listed, all High School youth are welcome to join us!
Any youth ministry leader will accept your permission form/fee.***

Dubuque Area Youth Ministry Contacts:

St. Joseph Key West

Parish Office 582-2866

St. Anthony

Marcy McElroy 582-0377

Resurrection

Callie Owens 556-7511

St. Joseph the Worker/ St. Columbkille

Mark Bodensteiner 588-1433

Cathedral /St. Patrick/ Holy Spirit

Jan Thyne 582-7646

Nativity : Parish Office 582-1839

Annual Consent Form & Liability Wavier For Event: "Six Flags Bus Trip" 9-12 Grade

Introduction:

Dubuque Area Youth Ministry is hosting "Six Flags Bus Trip" for any 9-12 grade teens. This is a social event for teens to encounter Christ's joy in each other and in roller coasters.

Section 1 - Contact Information:

Student Name: _____ **Student Cell #:** _____

Birthdate: _____ **Gender:** Female Male **Parish:** _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone#: _____ **Cell Phone#:** _____

T-shirt Size: _____

Section 2 - Off-site/Field Trip Consent Form and Liability Waiver

I, _____, (Parent or Guardian's Name) grant

permission for my child named above to participate in parish events this year that may require transportation to a location away from the parish site. The activities will take place under the guidance and direction of parish employees and/or volunteers of **Dubuque Area Catholic Parishes**. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named student.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend, its officers, directors of **Dubuque Area Catholic Parishes** and agents, and the Archdiocese of Dubuque, chaperons, or representatives associated with the events, arising from or in connection with my child attending the events 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 Archdiocese of Dubuque, chaperons, or representatives associated with the events for reasonable attorney's fees and expenses which they may incur in any action I/we may bring against them as a result of such injury or damage, unless such claim arises from the negligence of the parish or the Archdiocese of Dubuque.

Signature: _____ **Date:** _____

Section 3 - Specific 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.

Item A - 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:

Emergency Contact Name & Relationship: _____

Home Phone: _____ **Cell Phone:** _____

Family Doctor: _____ **Phone#:** _____

Family Health Plan Carrier: _____ **Policy #:** _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM!

Item B - Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Dubuque, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as vomiting, sore throat, fever, diarrhea, I want to be notified. Yes No

On-site Nonprescription Medication Permission - I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child in the event a condition arises after my child is already in attendance at the on site program. Yes No

Item C - Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence. Check/explain all that are applicable to this student/participant.

- Allergic reactions (medications, foods, plants, insects, etc.): _____
- Utilizes asthma or airway constricting prescription medication _____
- Has a medically prescribed diet? _____
- Any physical limitations? _____
- You should be aware of these special medical conditions of my child: _____

Would you be able to serve as a volunteer chaperone? _____ Yes* I will be able to drive and accommodate ___ students (a seat belt is required for each student and no child is to be seated in the front seat of a car equipped with a passenger side airbag, unless old enough according to manufacturer's recommended age.)

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.

Parent/Guardian Signature: _____ Date: _____


Please return this permission slip by: **May 8, 2021 (Final Deadline) to your parish Youth Ministry Leader**

PLEASE COMPLETE BOTH SIDES OF THIS FORM!

COVID-19 Response

We will do our service project outdoors socially distanced. We will wear masks at all times, except while eating and we will maintain a safe distance while eating. We will provide hand sanitizer, at service sites.

As leaders we will self screen the morning of the event by checking for symptoms and taking our temperature. We ask that families self screen before sending their teens. We believe taking these precautions will help make this event as safe as possible.



**DUBUQUE
AREA
YOUTH
MINISTRY**



SIX FLAGS BUS TRIP

**June 8, 2021
All High School
Students Welcome**

