

**Serve n' Skate Details Continued**

*\*Volunteer drivers/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 Middle 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

Lunch Order:

**Sandwich:**

- Turkey, cheese, lettuce, tomato, mayo
- Ham, cheese, lettuce, tomato, mayo
- Veggie (cheese, avocado, lettuce , tomato, mayo)
- B.L.T. (Bacon, Lettuce, tomato)

**Chips**

- Barbeque Chips
- Plain Chips
- Jalapeño Chips

**Special Requests/ Dietary Restrictions:**

---



---



---

**Annual Consent Form & Liability Wavier For Event: "Serve n' Skate" Grades 6-8**

Introduction:

Dubuque Area Youth Ministry is hosting "Serve n' Skate" for any 6-8 grade teens. This is an opportunity to live out our Catholic Faith through serving our Dubuque community and alongside other catholic teens. We will meet at the Mines of Spain at 9:00 am each day and Youth Ministry leaders as well as adult volunteers will transport teens to Skate Country in the Afternoon.

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 driver/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.) \*Drivers will be notified after all slips are returned.**

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: **Thursday, April 22 (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.

# SERVE N' SKATE



### **Serve n' Skate Details**

**Date:** Saturday, April 24, 2021

**Who:** All current 6-8 graders

**Time:** 9:00 am—2:30 pm.

**Location:** Drop off will be at 9:00 am at the E.B. Lyons Center at the Mines of Spain and students should be picked up at 2:30 at Skate Country.

**Cost:** \$25.00 per person

**What to bring:** Water bottle, comfortable shoes, and cloths you don't mind getting a little dirty.

***Our day will start with service at 9:00 am at the Mines of Spain maintaining trails. We will then have boxed lunches from Jimmy Johns, and then volunteer drivers will transport the group to skate country for skating from 1:00pm-2:30pm***

***Registration fee covers lunch, skating, and roller skate rentals.***

***The Registration Deadline is April 22.***