

Join SFA youth ministry and family ministry for:

ICE SKATING AND TUBING AT GREEN BAY'S TITLETOWN DISTRICT AND MASS AT THE CATHEDRAL!

Date: Saturday, January 26th

Time: Bus will depart from the SFA Elementary School parking lot at 1:00 PM. Bus will return at approximately 5:45 PM.

Who Can Attend?: Any child or teen and their family may attend. A parent or legal guardian is required to attend with any youth under the age of twelve. Those who are twelve and older may attend by themselves so long as both waivers are completed and the teen is mature and responsible.

Cost (Select Your Pricing Under Participant Information):

Ice Skating Admission: \$5

Ice Skating Rental (you may bring your own skates): \$5

Unlimited Tubing: \$5

(Those attending may wish to bring additional money for beverages or snacks in the cafe.)

Complete the below information AND the Titledown Winter Activities Waiver and return the parish office, Dianne Vadney, Elizabeth Fritsch, or Michelle Peters by Tuesday, January 22nd with payment based on activity selections and need for ice skates.

Parent/Guardian/Chaperone/Young Adult Information:

Your Name: _____ Phone #: _____

Email: _____

If you are a parent, select if you are attending with your child (parent/legal guardian must attend with those under 12) or not (only for those with teens 12+): Yes, I'm Attending No, I'm Not Attending

Parents/Guardians/Chaperones/Young Adults, complete the following if you are also attending:

Select which of the following you (the parent/guardian/chaperone) will be participating in:

Ice Skating (\$5) _____ **Ice Skate Rental** (\$5) _____ **Unlimited Tubing** (\$5) _____

(Parents/Guardians/Chaperones may choose not participate in any of the activities and sit on the benches surrounding the skating and tubing area or in the cafe.)

Minor Participant Information for First Child:

Participant Name: _____ Phone #: _____

Minor's D.O.B: ____ / ____ / ____ Grade: _____

Participants Allergies, if any: _____

Participant's chronic medical problems (e.g. diabetes, epilepsy): _____

Participants other physical restrictions (if any): _____

Select which of the following this child/teen will be participating in:

Ice Skating (\$5) _____ **Ice Skate Rental** (\$5) _____ **Unlimited Tubing** (\$5) _____

Minor Participant Information for Second Child:

Participant Name: _____ Phone #: _____

Minor's D.O.B: ____ / ____ / ____ Grade: _____

Participants Allergies, if any: _____

Participant's chronic medical problems (e.g. diabetes, epilepsy): _____

Participants other physical restrictions (if any): _____

Select which of the following this child/teen will be participating in:

Ice Skating (\$5) _____ **Ice Skate Rental (\$5)** _____ **Unlimited Tubing (\$5)** _____

Minor Participant Information for Third Child:

Participant Name: _____ Phone #: _____

Minor's D.O.B: ____ / ____ / ____ Grade: _____

Participants Allergies, if any: _____

Participant's chronic medical problems (e.g. diabetes, epilepsy): _____

Participants other physical restrictions (if any): _____

Select which of the following this child/teen will be participating in:

Ice Skating (\$5) _____ **Ice Skate Rental (\$5)** _____ **Unlimited Tubing (\$5)** _____

Waiver for Minors:

I, _____ am the legal parent or guardian of the minor(s), _____ who will be participating in the trip to Tiletown and the St. Francis Xavier Cathedral . In consideration of St Francis of Assisi's agreement to permit my child(ren) to participate in the activity, I agree as follows:

I, on behalf of my minor child(ren), and our respective heirs, successors, assigns, and personal representatives hereby:

1.Release, acquit, and forever discharge St. Francis of Assisi and their employees, agents, servants, officers, trustees, and representatives, in their official and individual capacities, from any and all liability, loss or damage they incur or sustain as a result of any claims, demands, actions, causes of action judgments, costs or expenses, including attorneys fees, which result from arise out of or relate to my child(ren)'s participation in the retreat including his/her travel to or from the retreat.

I hereby acknowledge and accept that:

1.There are certain risks arising from various activities, including but not limited to bodily injury, that could result from my child(ren)'s participation in the activity. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of St. Francis of Assisi's permission to allow my minor child(ren) to participate in the activity;

2. My child(ren)'s personal property is at his/her risk entirely;

3..St. Francis of Assisi reserves the right to remove my child(ren) should his/her actions violate the alcohol and drug policy, or endanger the welfare of any person at the sole discretion of St. Francis of Assisi. In such an event, I will be required to pick up my child(ren) at my own expense.

I represent and warrant that my child(ren) is covered throughout the activity by a policy of comprehensive health and accident insurance which provides coverage for injuries which he/she may sustain as part of his/her participation in the activity. I agree to complete the HEALTH INFORMATION above to the best of my ability, and, by its completion, I hereby release and discharge St. Francis of Assisi of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expense he/she may incur while participating in the activity. By completion I hereby release and discharge St. Francis of Assisi to obtain any necessary medical treatment for my child(ren), consent to any necessary examination, treatment, or care under the supervision and/or advice of any properly licensed medical professional and explicitly authorize St. Francis of Assisi to release medical information about my child(ren) to any person or entity to whom St. Francis of Assisi refers my child(ren) to for medical treatment.

I agree that this Agreement is to be construed pursuant to the laws of the State of Wisconsin and is intended to be as broad and inclusive as permitted by law, and if any portion hereof is held invalid, it is agreed that the balance hereof shall continue to be in full legal force and effect. In addition, I agree that any legal action arising out of or in relation to this Agreement must be brought in a Manitowoc County, Wisconsin court.

I hereby grant to St. Francis of Assisi my consent without reservation to use, assign, convey, reproduce, or publish my child(ren)'s name, voice, image, and/or likeness that arises from his/her participation in the activity, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at St. Francis of Assisi's sole discretion.

In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights as well as, if applicable, those of my child(ren), that it is a binding Agreement, and I have signed it knowingly and voluntarily.

Signed: _____ Dated: _____

Emergency Information:

Emergency Contact Name: _____ Phone Number: _____