

## Youth Ministry Ski Trip Permission Form

I hereby permit my child: \_\_\_\_\_  
(Child's Name)

To participate in the **Ski Trip to Afton Alps in Hastings Minnesota on March 2 – 3, 2024.**

**Cost: \$170 payable to St. John's** (full payment or \$75 deposit due with this form January 10th, balance due February 16th)

**Cost if skiing two days \$ 274**

**\*Note: if for some reason your child is unable to attend the lift ticket price of \$94 is non-refundable, however it is transferrable.**

**Final deadline: permission form and deposit (or full payment) must be received in the youth office (P.O. Box 185 Adel, IA 50003) by February 16, 2024. This fee DOES NOT include ski rental.**

Parent's Names: \_\_\_\_\_ Parent Cell # \_\_\_\_\_

Parent Email address: \_\_\_\_\_ Teen Cell # \_\_\_\_\_

**Can you be a chaperone? Yes/No If yes, Name(s):** \_\_\_\_\_

(Chaperones fulfilling the 1:6 ratio only pay \$90 (plus meals and ski rental paid at the slopes if needed). If more chaperones sign up than are needed, names will be drawn at random.

Additional adults may join us by paying the full \$170 fee)

- I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of this event.
- Should it be necessary for my child to have medical treatment while participating in this event, I hereby give the personnel permission to use their judgment in obtaining medical service for my child, and I give permission to the physician selected by the personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to be responsible for all charges related to the care given.
- I understand any insurance benefits that are effective have limited application
- I understand if my child is found to have alcohol, any controlled substance, tobacco products or weapons in their possession, the personnel in charge will take appropriate action. Inappropriate behavior will also be dealt with up to and including calling me to retrieve my child from the event.
- This trip will be a smoke-free event for all participants, including adults.
- I give permission for my child to participate in all the activities associated with this event. I also give permission for my child to be transported to and from this event in person vehicles. I assume responsibility for my child's transportation to and from the pick-up/drop-off site.
- By signing this agreement, I grant permission for my child's photo to be used in media such as but not limited to the church website, newsletters, etc.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Dad's Phone Number (work and/or cell)

\_\_\_\_\_  
Mom's Phone Number (work and/or cell)

## Please Complete Medical Information on back side of this form

Specific Medical Information for: (Student) \_\_\_\_\_

\*The information requested is necessary to permit treatment at a medical facility. Reasonable care will be taken to keep the information confidential.

IN CASE OF EMERGENCY FIRST CONTACT: \_\_\_\_\_ PHONE # \_\_\_\_\_

If parents cannot be reached, please call: Name: \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to student: \_\_\_\_\_

INSURANCE INFORMATION ABOUT **POLICY HOLDER** :

Name of Policy Holder: \_\_\_\_\_ Policy Holder's Date of Birth: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Insurance Company Phone #: \_\_\_\_\_

HEALTH/MEDICAL INFORMATION ABOUT **STUDENT**:

Participant's Date of Birth: \_\_\_\_\_ \*Policy Number \_\_\_\_\_

Allergic reactions (medications, food, plants, insects, etc.): \_\_\_\_\_

Medically prescribed dietary needs: \_\_\_\_\_

Any physical limitations: \_\_\_\_\_

Does your child use any of the following devices: Contact lens, hearing aid, glasses or asthma inhaler?  
Other: \_\_\_\_\_

Additional special medical conditions staff should be aware of: \_\_\_\_\_

MEDICATIONS: My child is taking medication at present. YES/NO

If yes, my child will bring such medications necessary in original container and well labeled. Names of medications and concise directions must be on the label. All participants will be responsible for taking their own medications for the duration of this event unless otherwise directed by the parent to be communicated prior to the trip. My child is currently taking these medications (please indicate dosage and frequency):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, lozenges or cough syrup) to be given to my child, if deemed advisable. \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

**BOTH SIDES MUST BE FILLED OUT**

**Return completed form and payment (payable to St. John's) to the Youth Ministry office by January 10<sup>th</sup> 2024.**

**St. John's  
P.O. Box 185  
Adel, IA 50003**

**Questions, contact Erin Merschman (515-480-3842) or youthministry@stjohnsadel.org**