

Registration Form: St. Barbara Summer Fun for Teens



Wednesday, July 15th

Cost: \$45 (includes \$28 admission and \$17 for bus)

Depart: 10:00 a.m. **Return:** 10:00 p.m.

Deadline is Monday, July 13.

Questions? Contact Fr. Dennis Ziomek (312-842-7979), dziomek@StBarbaraChicago.org
For Hurricane Harbor Information on rules and attire:

<http://www.sixflags.com/greatAmerica/rideswaterpark/WaterParkInformation.aspx>

(Please print)

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Father's Name: _____

Mother's Name: _____

Home Phone: _____ Parent Secondary Phone: _____

Cell phone number if bringing one to Water Park: _____

Parents' E-mail Address: _____

Teen's E-mail Address: _____

Parish you belong to: _____

High School (if in HS): _____

Year in High School beginning August 2009: _____ Year of HS Graduation: _____

Amount enclosed: _____ Cash or Check (please circle)

What would you like to see offered for teens at St. Barbara in the future?

**St. Barbara Parish
2009 Great America Trip**

ST. BARARA YOUTH PERMISSION AND PARENTAL/GUARDIAN AUTHORIZATION

I hereby give permission for my child (Fill in child's name)

_____ to participate in the St. Barbara Great America Trip, on Wednesday, July 15 2009.

I hereby release and indemnify the St. Barbara Parish, its staff and volunteers; and the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

I understand that if my child violates any laws regarding possession of alcohol or drugs, or rules governing the event, I will be called to pick my child up from the premises. In the event that the undersigned cannot be reached, and in the judgment of the responsible adult accompanying the group to Great America, on Wednesday, July 15, 2009, or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

I GRANT PERMISSION for the adult chaperons for this event to administer non-prescription drugs as needed for my teen (aspirin, ibuprofen, antacids, etc.) _____ **YES** _____ **NO**

Signature(s) _____ Date _____

Parent(s)/
Guardian(s) _____ Date _____

Phone number _____

Address _____ City _____ State _____ Zip _____

Name of Physician _____ Phone _____

Emergency Contact (In event above parent(s)/guardian(s) cannot be reached.)

Name of Emergency Contact _____

Relationship parent(s) / guardian(s) _____

Phone number _____

Insurance Information

Policy in the name of: _____

Insurance Company: _____

Policy number: _____

Health Information

Allergies: _____

Current Medication: _____

Other Comments: _____