

Registration Form:

St. Barbara Summer Fun for Teens

Hosted by Archdiocese of Chicago Youth Ministry

DEEP RIVER WATERPARK BEACH PARTY - Crown Point, IN

Wednesday, June 17th - Cost: \$30 (includes admission and bus transportation)

Depart: 3:30 a.m. Return: 10:30 p.m.

Questions? Contact Fr. Dennis Ziomek (312-842-7979), dziomek@StBarbaraChicago.org

Deadline is Monday, June 15. Please print and return registration and permission forms to rectory.

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?

YOUTH MINISTRY OFFICE
2009 DEEP RIVER WATERPARK BEACH PARTY

YM YOUTH PERMISSION AND PARENTAL/GUARDIAN AUTHORIZATION

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

_____ to participate in the Archdiocese of Chicago Youth Ministry 2009 Deep River Waterpark Beach Party, on Wednesday, June 17, 2009

I hereby release and indemnify the Archdiocese of Chicago OFC Youth Ministry, its staff and volunteers; (Fill in parish or School)

_____, 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 Deep River Water park Beach Party, on Wednesday, June 17, 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**

I AUTHORIZE the Archdiocese of Chicago Youth Ministry to use photographs/videos of my child for productions, publications, 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: _____