

### **Six Flag Bus Trip Details**

**Date:** Tuesday June 7, 2022

**Who:** All 9th-12th graders

**Time:** 7:00 am-10:30 pm

**Location:** We will load the bus at St. Joseph the Worker at 7:00am and depart for Six Flags Great America. We will be at the park from open to close and return home around 10:30pm

**Cost:** \$85.00 per person

**What to bring:** Money for meals and souvenirs, water bottle, comfortable shoes, and Sun screen.

***Our day will start by loading the Bus at Church of the St. Joseph the Worker at 7:00am. We will be bused to Six Flags Great America and arrive at the park for park opening by 10:30am. We will stay in the park until closing and arrive back by 10:30pm.***

***Registration fee covers bus fee, parking, and park ticket. Meals will need to be covered by the individual.***

**The Registration Deadline is Monday, May 31, 2022**

*\*Volunteer 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 High 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 588-0571

**Resurrection**

Wendy Osterberger 556-7511

**St. Joseph the Worker/ St. Columbille**

Mark Bodensteiner 588-1433

**Cathedral /St. Patrick/ Holy Spirit**

Jan Thyne 582-7646

### **Annual Consent Form & Liability Wavier For Event: "Six Flags Bus Trip" 9-12 Grade**

#### Introduction:

Dubuque Area Youth Ministry is hosting "Six Flags Bus Trip" for any 9-12 grade teens. This is a social event for teens to encounter Christ's joy in each other and in roller coasters.

#### 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 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.)**

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: **May 31, 2022 (Final Deadline) or until the bus fills to your parish Youth Ministry Leader**

**PLEASE COMPLETE BOTH SIDES OF THIS FORM!**



**DUBUQUE  
AREA  
YOUTH  
MINISTRY**

# Six Flags Bus Trip

**June 7, 2022  
All High School  
Students  
Welcome**

Hosted by Dubuque Area Youth Ministry