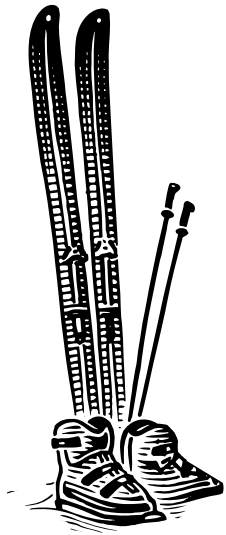


# Hidden Valley Ski Trip For Grades 9-12 Saturday, February 25

Meet at Sts. John & Paul (Cardinal DiNardo Center Main Entrance)  
at 7:30am & return 8:30pm.



## Prices

Lift Ticket - \$35  
Ski Rental - \$20  
Board Rental- \$27  
Lessons- \$15

Make sure you also bring money for food. We'll stop for dinner on the way home.

**\*\*\*LESSONS - FIRST TIME SKIERS MUST TAKE LESSONS!\*\*\***  
**THIS IS FOR YOUR OWN SAFETY.**

**\*\*If you are renting skis**, you need to fill out a rental form, which must be signed by a parent. Get a rental form at a Youth Night or email Krissy at [kbrown@stsjohnandpaul.org](mailto:kbrown@stsjohnandpaul.org).\*\*

**Return the Church permission form,  
the Hidden Valley Liability Form  
& Money to SSJP or SJN Parish Office  
by Monday, February 20.**



**Drivers and Chaperones needed!!**  
See permission form.

# St. John Neumann and Sts. John & Paul Youth Ministry Partnership

## Hidden Valley Ski Trip – Saturday, February 25, 2011

This form, the Hidden Form and Money are due to the SJN or SSJP Parish Office by Monday, February 20<sup>th</sup>.

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_  F  M  
SEX

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**Check one:**

I need to rent skis \_\_\_\_\_ I have my own skis \_\_\_\_\_ Total \$ enclosed \_\_\_\_\_

**Check one:**

I am a First Time Skier \_\_\_\_\_ I am a Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_ Skier

I/WE, the parents or guardians of the above mentioned child do hereby give permission for him/her to participate in above mentioned program on the above mentioned dates.

In consideration of the agreement of St. John Neumann and Sts. John and Paul Youth Ministry to allow my child to participate in said activity, AND INTEND TO BE LEGALLY BOUND HEREBY, I agree to indemnify and hold harmless St. John Neumann Parish, Sts. John and Paul Parish, Youth Ministers, Youth Advisors, the Roman Catholic Diocese of Pittsburgh, Bishop David Zubik, and his successors, and legal representatives against loss from any and all claims, demands and actions at any time brought by my child, or any acting on his/her behalf, for the purpose for enforcing a claim for damages because of any injury to my child as a result of or in any way related to his/her participation in the above mentioned activity.

I/We hereby authorize treatment of my/our child, a minor, by a licensed medical physician incase of any accident or illness that may arise, or any hospitalization necessary. I/We agree that incase of injury to my/our child, I/We will apply our hospitalization and/or accident insurance toward the payment of expenses incurred and will not look to St. John Neumann or Sts. John and Paul Parishes, or the Roman Catholic Diocese of Pittsburgh for the payment of any medical cost. IN WITNESS WHEREOF I/We execute this Hold Harmless and Indemnification Agreement the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

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

Parent/Guardian Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Name and Phone Number of Emergency Contact if Parent/Guardian cannot be reached

**DRIVERS AND CHAPERONES NEEDED!**

Name(s): \_\_\_\_\_ I can help Chaperone \_\_\_\_\_

I can help drive \_\_\_\_\_ I can take \_\_\_\_\_ young people (including your child)

**MORE INFORMATION ON OTHER SIDE**

# CONSENT TO TREAT

I/We the undersigned parent(s)/guardian(s) of \_\_\_\_\_, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may arise, or any hospitalization necessary.

\_\_\_\_\_  
Father/Legal Guardian

\_\_\_\_\_  
Mother/Legal Guardian

Date: \_\_\_\_\_ This consent form is effective for the duration of this event only.

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. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes.

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. My child will administer his/her own medication.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby grant permission for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

No medicating of any type whether prescription or nonprescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Any known allergies? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Any medically prescribed dietary needs? \_\_\_\_\_

Is your child a vegetarian?  YES  NO

Is your child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting?  
 YES  NO

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**MORE INFORMATION ON OTHER SIDE**

