

Lost Island water Park

In Waterloo

ANY HIGH SCHOOL OR MIDDLE SCHOOL STUDENT IS WELCOME

MONDAY, JUNE 22ND 9:45AM-5:00PM

\$25.00

COVERS ADMISSION AND TRANSPORTATION - PLEASE MAKE CHECKS PAYABLE TO
THE ARCHDIOCESAN DEPOSIT AND LOAN

DETAILS:

- WE WILL DEPART FROM THE ST. ELIZABETH ANN SETON PARKING LOT AT 10:00AM.
 - BRING EXTRA MONEY TO PURCHASE LUNCH AT THE WATER PARK.
NO OUTSIDE FOOD IS ALLOWED.
 - WE WILL RETURN AT 5:00PM.
- THERE WILL BE NO REFUNDS.



HOSTED BY THE CEDAR RAPIDS AREA YOUTH MINISTERS

FORMS ARE DUE JUNE 17TH



PLEASE RETURN FORMS TO

ST. ELIZABETH ANN SETON
ANGIE BULMAN
1385 LYNDBURST DR.
HIAWATHA, IA 52223



Off-site/Field Trip Permission Form

Program Name: *CRAYM's Lost Island Trip*
Date: *June 22, 2009* Time: *9:45 AM -5:00 PM*
Person in Charge: *CRAYM Representatives*
Grades: *Those who have finished 6th grade through 12th grade*
Event and Purpose: *To have a fun end of the school year celebration*
Cost of the Event: *\$25 (covers admission & transportation)*
Form of transportation: *School Busses*



Name _____

Address _____

Phone (H) _____ (C) _____

School _____ Grade _____

Parent/Guardian _____ Parish _____

Section 1 - By signing this section, I (parent/guardian) certify that I request and give my permission for _____ to attend this event.
(name of student/participant)

Further, I have previously completed the *Annual Parental/Guardian Consent Form and Liability Waiver* and agree to the conditions as set forth.

Parent/Guardian Signature: _____ Date: _____

Section 2 - Nonprescription Medication Permission - By signing this section, I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child.

Parent/Guardian Signature: _____ Date: _____

Section 3 - Please list any medical information important for the adult in charge to know and/or any changes in this child's medical condition or emergency contact information since the completion of the *Annual Parental/Guardian Consent Form and Liability Waiver*.

Archdiocesan Policy 5141 covers the administration of prescription medication; contact the program administrator for additional information.

Please return this permission slip by **June 17, 2009**

Supervisor's Signature _____
(Principal, C/DRE, Youth Director, Pastor, etc.)

This is the only permission slip that will be accepted for this Event

I am interested in chaperoning this event.

If you have not completed an annual liability waiver see your youth minister.