

Canoe and Kayak Trip



Open to all middle and
high school students and
friends!

Canoe and Kayak
Rentals \$15
(or bring your own)

Sunday, June 26

Meet after 9 AM Mass
(by Gym) to carpool to
Oakwood State Park

Lunch will be provided

Forms are in the Gathering Space File Rack. RSVP by June 23rd!



Students will be required to wear lifejackets and are encouraged to bring their own.

If anyone has a canoe or kayak that we could borrow, please contact Nancy below!

For questions, contact Nancy at
692-4361 or youth@stmbrookings.org

ATHLETIC AND SPORTING EVENTS
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Age: _____ Grade in School: _____ Gender: _____

Parent/Guardian's name: _____

Home address: _____

Primary phone: _____ Alternate phone: _____

I, _____, grant permission for my child,

Parent or guardian's name _____,

Child's name _____, to participate in this parish activity that

may require transportation to a location away from the parish site. This activity will take place

under the guidance and direction of parish employees and/or volunteers from

_____ St. Thomas More Catholic Parish, Brookings, SD _____.

Name of Parish _____

A brief description of the activity follows:

Type of event: _____ Youth Canoeing and Kayaking Trip

Location(s): _____ Oakwood State Park, Bruce, SD

Individual in charge: _____ Nancy Bechel

Duration of activity: _____ Sunday, June 26 10:00 AM — 4:00 PM

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by

the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to

hold harmless and defend _____ St. Thomas More, its officers, directors and

agents, and the _____ Diocese of Sioux Falls, coaches, chaperons, or representatives asso-

ciated with the event, arising from or in connection with my child attending the event 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 _____ Diocese of Sioux

Falls, coaches, chaperons, or representatives associated with _____ (Arch) Diocese

the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____

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 that are applicable.)

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:

Name & relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers,

directors and agents, and the _____ Diocese of Sioux Falls, coaches, chaperons,

(Arch) Diocese

or representatives associated with the activity that my child becomes ill with symptoms

such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with

phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medi-

cations necessary, and such medications will be well-labeled. Names of medications and

concise directions for seeing that the child takes such medications, including dosage and

frequency of dosage, are as follows: (see back of sheet)

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered

to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e.

acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if

deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish will take reasonable care to see that the follow-

ing information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, mea-

sles, chickenpox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____