

Valleyfair

- **Come spend a day at Valleyfair Amusement Park in Shakopee, MN!!**

● **Wednesday, June 29**

7:00 am - 10 pm

Cost: \$25

All middle and high school students, friends, and family are welcome!



Arrive at Park: 11:00 AM

Leave Park: 5:00 PM.

Bring money to eat at the park during the day. We will stop for supper in the Twin Cities after we leave Valleyfair.

Return forms and fees by
Sunday, June 26th
to Parish Office

Forms in Gathering Space File Rack

Meet 6:45 AM at the Gym entrance

Contact Nancy with questions:
692-4361 or youth@stmbrookings.org

Parent chaperones and drivers are needed! Please let Nancy know if you are willing to help!!

MEDICAL INFORMATION

MEDICAL INSURANCE INFORMATION

Medical Insurance Company: _____
Circle what applies: Plan Policy Group ID number(s) _____
Please list number(s): _____
Phone number for Insurance Company Pre-Authorization: _____

MEDICATION INFORMATION

List any medication your child is taking:

Name of medication: _____ Dosage / Directions: _____

PHYSICIAN & EMERGENCY INFORMATION

Physician's Name & Phone Number: _____
Parental Guardian: _____

Home Phone #: _____ Work Phone #: _____
Cell Phone #: _____ (please indicate which is primary)

If unavailable at above phone numbers, please contact:

Name: _____ Phone #: _____
Relationship to participant: _____

HEALTH INFORMATION

Please check all that apply:

Diabetes: _____ Heart Disease: _____
Seizures / Epilepsy: _____ Medic Alert ID: _____
Diet Restrictions _____ Allergies: _____
Asthma/Respiratory Problems: _____

Other Medical Condition(s) (please specify): _____

If you have checked any of the above, please explain on the back of this sheet

PARENTAL CONSENT FORM

I, _____ the parental guardian
(Guardian's name, please print)

of _____ hereby authorize my child's voluntary participation in
(Child's name, please print)

the 6/29/2011 Valleyfair Trip sponsored by St. Thomas More Church of Brookings, SD.

I hereby appoint Nancy Bechel and other adult chaperones to chaperone my child and give that person power and authority to consent to any medical, hospital, or dental care for my minor child, which in the discretion of the chaperone is necessary as the result of any occurrence on the aforementioned trip or activity.

I hereby give permission for my child to ride in the vehicle designated by the chaperone while attending and participating in activities of all kinds sponsored by St. Thomas More Church. If it is necessary for my child to return home early, I agree to pay for all transportation costs. Similarly, if it is necessary for my child to have any medical or dental services, I agree to be liable and pay for all such costs incurred.

On behalf of my child and myself, I release and forever discharge St. Thomas More Church, the chaperones, the pastors, agents, employees and various members of the respective parish, and Chancery Office, a South Dakota non-profit corporation, from all claims, demands, judgments, liabilities, including attorney's fees, costs, and expenses, arising from injuries and illnesses my child might suffer while participating in the event sponsored by the parish of St. Thomas More, except any claims that arise from willful acts or omissions or acts of omissions of gross negligence.

(Parental Guardian Signature) _____ (Date)

(Child's Signature) _____ Age _____ Gender _____

Address _____

HomePhone _____ Work Phone _____

Parish _____ School _____

ADULT CHAPERONE(S):

I am able to be an adult chaperone / driver. (please circle all that apply)

Name: _____ Phone: _____

Name: _____ Phone: _____