



**Attention all current 7th through 12th grade students!  
Register now for the annual Worlds of Fun Trip**

**Date: Friday, June 4, 2010**

**Time: 7:00 a.m. to 10:30 p.m.**

**Check-in begins at 6:45**

**Cost: \$55 covers transportation and park entrance fee**

Bring extra cash for meals, games and souvenirs.

Estimated cost at the park for a meal is \$10.

We will stop for fast food on our way home.

**Bus seating is limited so register early to reserve your spot!**

Registration must be turned in to the youth ministry office by May 20, 2010

Make checks payable to St. Wenceslaus Youth Ministry

Contact Cheryl Poulin for more information/330-9620 or [poulinc@stwenc.creighton.edu](mailto:poulinc@stwenc.creighton.edu)

**Goal of this Activity**

*The youth ministry office sponsors this trip to help the youth of our parish have fun with friends, make new friends and build our parish youth community. In order to encourage the building of community on this trip **we will not allow cell phone, iPhone, or MP3 player use on the bus.** We'll do icebreakers and get to know each other better. You may use phones in the park and to call your parents to notify them of our arrival at St. Wenceslaus.*

**Dress Code**

*The dress code for this trip will be enforced. If you arrive the morning of the trip dressed inappropriately you will be sent home and will not receive a refund. The bus will not wait for you to go home and change. **No swim suit tops, low cut tops, short shorts or shirts with reference to sex, alcohol or drugs will be allowed.** Please see the Dress Code flyer.*

**Attention Parents!**

YES, I can chaperone this event     I cannot chaperone, but I understand that the trip may be cancelled if there are not enough safe-environment trained chaperones.

**St. Wenceslaus Youth Ministry**  
**Parent / Guardian Consent Form/Liability Wavier and Medical Release**

Participant's name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_ Circle: Jr. High or High School  
Parent /guardian name: \_\_\_\_\_ Email: \_\_\_\_\_  
Home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Emergency #: \_\_\_\_\_  
Parent's Email Address (print clearly): \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_  
Parent or guardian's name Child's name

To participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of the parish employees and/or volunteers from St. Wenceslaus Parish. A brief description of the activity follows:

**Type/Destination of event: Worlds of Fun in Kansas City, MO**

**Estimated time of departure: 7:00 a.m. Friday, June 4, 2010 (check-in 6:45 a.m)**

**Estimated time of return: 10:30 p.m.**

**Mode of transportation: Motor coach leaving from & returning to St. Wenc parking lot**

**Cost: \$55 for transportation and park entrance fee (food and souvenirs extra)**

**Purpose: To build community, make new friends and have fun**

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. Wenceslaus, its officers, directors and agents, and the Archdiocese of Omaha, chaperones, or representatives associated 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 any medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents and the Archdiocese, chaperones, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

**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.

**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, please contact:

Name / relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Are there any existing medical conditions an emergency physician would need to know (allergies, drug reactions, etc.)  No  Yes (please attach a note listing existing conditions)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that Christian behavior is expected at all times. Respect for individuals, the community and the facilities is required. Dress is casual but appropriate for a Christian environment. T-shirts/sweatshirts with alcohol, tobacco or sexual overtones are not acceptable, nor is clothing exposing any part of under garments. If I wear inappropriate clothing, I understand that will not go on the trip. I also understand that I am responsible for cleaning up after myself. If I bring food on the bus, I will be sure that it does not spill and will place all trash in trash bags.

**Signature of Youth Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Form will not be accepted without signatures of both a parent/guardian and youth participant.**