

St. Thomas More High School Youth Ministry

4170 North Amber Drive--Brooklyn, OH 44144--http://www.stmparish.net/ym

Cedar Point Amusement Park – Tuesday, June 16, 2009

I, _____, am the
(Name of Parent/Legal Guardian)

_____ of _____
(father, mother, custodial parent, legal guardian) (name of participant)

who is a member of the St. Thomas More High School Youth Ministry. I hereby request permission for the above named child to go to Cedar Point Amusement Park with the St. Thomas More Youth Ministry on **Tuesday, June 16, 2009 from 8:30am until 10:30pm** and I consent to the child's participation in such a field trip. I understand that bus transportation will be provided for the first 70 participants.

In consideration of the child being allowed to participate in the field trip, on behalf of the child, my spouse and myself, I hereby assume all risks in connection with the field trip and I further release the Bishop of Cleveland, the Roman Catholic Diocese of Cleveland, St. Thomas More Parish, and the pastoral staff, employees and volunteers thereof from all claims, judgments, liability, for any injury or damage that the child or his/her estate, myself or my spouse ever had, now has or may have due to the child's participation in the field trip, including all risks connected therewith whether foreseen or unforeseen.

I authorize Mr. Jeff Stutzman, or any other adult chaperone or adult youth group advisor in whose care the child has been entrusted, to consent to any X-Ray, examination, anesthesia, medical or surgical diagnosis or treatment and hospital care to be rendered to the child under general or specific supervision of any physician or surgeon licensed to practice in the State of Ohio, and consent to any X-Ray, examination, anesthesia, dental or surgical diagnosis or treatment, and hospital care to be rendered to the child by any dentist licensed to practice in the State of Ohio. I give the authorization on the condition that I may not be reached by telephone at:

_____ or _____, or if consent by telephone is not valid by state law.
(Home Phone Number) (Work Phone Number)

My Child's regular physician is _____ whose telephone number is _____.
(Doctor's Name) (Doctor's Telephone Number)

My child's regular dentist is _____ whose telephone number is _____.
(Dentist's Name) (Dentist's Telephone Number)

The following including any allergies the child may have, any medications, the child may be taking and other facts which a physician or dentist should be alerted to:

My child may be given Tylenol if needed while at this event. (Please check if accepted)

I fully understand that what is involved in the field trip, and understand that I have the opportunity to call Mr. Stutzman and ask him about the field trip.

Parent/Guardian Signature

Date

This permission slip must be turned in by **Sunday, June 14, 2009 with fee (\$40)**

Season Pass Holders

If you have a season pass to Cedar Point you only have to pay for the bus (\$10)

The participant named above has a season pass to Cedar Point and will not require a ticket to be purchased for them. Please check if the participant has a season pass.