



# Paramount's Kings Island Trip!

Join us Monday, September 1<sup>st</sup> as St. Mary's and St. Ambrose youth entering 7<sup>th</sup> to recent graduates travel to Kings Island for a day of fun and fellowship. Forms and \$50 are due to the respective parish offices by Wednesday, August 27<sup>th</sup>.

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Parent's e-mail address: \_\_\_\_\_

Youth's e-mail address: \_\_\_\_\_

*Please understand that if details change an e-mail will be sent on Saturday prior to the trip.*

Insurance Policy Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Current Medications: \_\_\_\_\_

My child can be given Tylenol? \_\_\_yes \_\_\_no

Parent/Guardian Names: \_\_\_\_\_

Mother's Cell phone #: \_\_\_\_\_ Father's Cell phone #: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Relationship : \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_ Alternate #: \_\_\_\_\_

The undersigned do hereby release, forever discharge and agree to hold harmless St. Ambrose from and against any and all liability, claims, demands, lawsuits and expenses of any kind arising from personal injury, sickness, death, or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant.

The undersigned further agree to indemnify and hold St. Ambrose and its respective members, directors employees and agents harmless from and against and all claims, demands, action, lawsuits and liabilities, including attorney fees and expenses sustained by the Indemnities as the result of negligent, willful or intentional acts of the undersigned and/or participant.

The undersigned agrees to also hold Saint Ambrose Parish, the Diocese of Lafayette in-Indiana and its' respective employees, volunteers, and others harmless from the above.

I the parent/guardian of the participant do hereby grant permission of the group leaders to take said participant to a doctor or hospital and hereby assume all responsibilities for all medical bills. Further, should it be necessary for the participant to return home due to medical, disciplinary action or otherwise, I assume all responsibility and transportation.

Check # \_\_\_\_\_ enclosed.  Cash enclosed  I will use Market Day money I've earned.(St. A's parishioners' only)  I need financial assistance. Cost is \$55 per person. Make checks payable to St. Ambrose Youth Ministry or St. Mary's Parish.

Parents are please needed in order to attend! Thank you in advance for your assistance! Please check all that apply.  
\_\_\_Drive Please specify the number of passengers you can take not counting yourself. \_\_\_ Ride along with another person \_\_\_ Grocery shop prior to the trip \_\_\_ I am unavailable.

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

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_