

# IT'S A TRIP TO LOST ISLAND

## WATER PARK!!!



WHEN: THURSDAY, JULY 7<sup>TH</sup>, 2011

TIME: LEAVE ST. MARY'S AT 9:00AM

RETURN TO ST. MARY'S AT 5:30PM

COST: \$45.00 PER PERSON

INCLUDES TRANSPORTATION AND ADMISSION.

FILL OUT THE ATTACHED PERMISSION SLIP AND  
RETURN IT ALONG WITH YOUR \$\$\$ TO PATTI AT  
ST. MARY'S BEFORE JULY 1<sup>ST</sup>!!!

**MAKE CHECKS PAYABLE TO:**

**ST. MARY'S YOUTH GROUP.**

**THANK YOU!**



Agreement/Permission Slip for Lost Island

I, \_\_\_\_\_ parent of \_\_\_\_\_

Do hereby grant permission for my son/daughter to participate in the following activity:

\_\_\_\_\_

I understand the cost and realize any additions to these costs are our responsibility. I release St. Mary's and any, and all, persons representing said organization from any and all liabilities. I further authorize the adult chaperones to seek medical attention should it become necessary and I understand and am fully responsible for payment of said expenses.

My child has the following allergies: \_\_\_\_\_

\_\_\_\_\_

My child has the following special needs: \_\_\_\_\_

\_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

Phone (day): \_\_\_\_\_ (Evening) \_\_\_\_\_

Insurance carrier: \_\_\_\_\_

Card/ID Number: \_\_\_\_\_

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

Phone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

\_\_\_\_\_