



Diocesan Youth Day at Water World

Summer Fun in the Sun!



July 31, 2017

Admission \$ 28.99



Pharaoh's Feast All-Day Dining Option \$ 13.99

Enjoy a variety of burgers, hot dogs, pulled pork, chicken, a salad bar, plentiful sides, delicious desserts and all the ice-cold soda you care to drink! Soda refills available throughout the park.

Lunch Voucher \$ 7.99

Includes cheeseburger or hotdog, chips or French fries and a drink OR a personal pizza and a drink.



Water World

Find Your Summer



PERMISSION SLIP

I hereby give permission for my child/children, _____
_____ to participate in the activity described below:

Title of Activity: _____ Community Building _____

Description of Activity: _____ WaterWorld _____

Supervisor of Activity: _____ Angelle Schott _____

Date and Time of Activity: July 31st 2017

Method of Transportation: Meet at church at 9am – we need chaperone
drivers – we will return to the church approximately 6:30ish

Cost: \$28.99 and money for food or bring your own lunch

My child or children has/have no medical or physical limitations which might limit his/her or their participation in the activity other than those which I have described on the page which I have attached to this Permission Slip. As parent or guardian, I agree that I shall be fully responsible for any injury, harm, or property damage caused by my child to children during the activity. Should my child or children misbehave during the activity, I hereby give permission for the Supervisor of the Activity or his or her designee to direct my child to stop misbehaving, to take "time out," or be returned home by appropriate means, at my expense.

Date

Signature

Printed Name

Address (include state/zip code)

Emergency Phone Numbers

Please return form by: July 27th

ACTIVITY RELEASE

For those 18 years of age or older, all parents, and all guardians:

I consent for any of my children listed below to participate in any activity or trip sponsored by the Diocese of Colorado Springs or its affiliates* (collectively, "the Diocese"). In case of medical need, I authorize the Diocese to arrange for medical or dental services for me and any of my children listed below. I agree that any such expense will be my obligation.

I, individually, and in my capacities as parent, guardian, or next friend of my children:

_____ waive, release, and indemnify the Diocese and its agents, directors, officers, employees, and volunteers (collectively, the "Released Parties") from all claims or liability which have arisen or may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such claims or liability. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct or gross negligence.

This Activity Release is revocable prospectively only by a writing signed by me which bears the date that the revocation is delivered to the Diocese.

Date Signature

Date Signature

Home phone: _____ Work phone: _____ Mobile phone: _____

Medical Insurance Company and Policy Number: _____

Authorized Medications: _____

Family Physician/Emergency Contact and Phone: _____

Special considerations or needs (allergies, asthma, etc.) _____

For all those over 14 and under 18 years of age:

I waive, release, and indemnify the Released Parties as identified above from all claims or liability which has arisen or which may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me or my property.

Date Signature Date Signature

*"Affiliates" includes all Diocesan parishes, missions, schools, and ministries and also Catholic Charities of Colorado Springs, Inc., Partners in Housing, Inc., Ave Maria Catholic School Corporation, and the Catholic Foundation of the Diocese of Colorado Springs, Inc., Villa San Jose & Villa Santa Maria, Queen of Heaven Cemetery.

EMERGENCY CONTACTS:

Please note: Emergency Contacts are NOT parents.

Name _____ Relationship to student _____

City/State _____

Phones: Home _____ Cell _____

Name _____ Relationship to student _____

City/State _____

Phones: Home _____ Cell _____

In order to best serve your child in the classroom, we need to know of any medical conditions or special instructions, physical or psychological impairments (i.e. allergies, learning disabilities, etc.)

Name: _____ Concern: _____

Name: _____ Concern: _____

Name: _____ Concern: _____