

# Registration Form: St. Barbara Summer Fun for Teens



**Tuesday, August 6<sup>th</sup>, 2013**

**Cost:** \$48 (includes \$30 admission and \$18 for bus)

**Depart:** 10:00 a.m.     **Return:** 10:00 p.m.

*Deadline is Friday, August 2* (Season Pass Holders only have to pay for bus).

**Questions? Contact Fr. Dennis Ziomek (312-842-7979), [dziomek@StBarbaraChicago.org](mailto:dziomek@StBarbaraChicago.org)**  
For Hurricane Harbor Information on rules and attire:

<http://www.sixflags.com/greatAmerica/rideswaterpark/WaterParkInformation.aspx>

**(Please print)**

Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Secondary Phone: \_\_\_\_\_

Cell phone number if bringing one to Six Flags: \_\_\_\_\_

Parents' E-mail Address: \_\_\_\_\_

Teen's E-mail Address: \_\_\_\_\_

Parish you belong to: \_\_\_\_\_

High School (if in HS): \_\_\_\_\_

Year in High School beginning August 2013: \_\_\_\_\_ Year of HS Graduation: \_\_\_\_\_

Amount enclosed: \_\_\_\_\_ Cash or Check (please circle) *Please return to Fr. Dennis*

What would you like to see offered for teens at St. Barbara in the future?

\_\_\_\_\_

**SAINT BARBARA TEEN TRIP  
2013 SIX FLAGS – GREAT AMERICA  
PERMISSION AND PARENTAL/GUALRDIAN AUTHORIZATION  
LIABILATY RELEASE FORM  
YOUTH PERMISSION AND PARENTAL/GUARDIAN AUTHORIZATION**

I hereby give permission for my child (Fill in child's name)

\_\_\_\_\_ to participate in the 2013 St. Barbara Teen Trip to Six Flags - Great America, on Tuesday, August 6, 2013

I hereby release and indemnify the Archdiocese of Chicago OFC Youth Ministry, its staff and volunteers; St. Barbara, its staff and volunteers; and the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

I understand that if my child violates any laws regarding possession of alcohol or drugs, or rules governing the event, I will be called to pick my child up from the premises. In the event that the undersigned cannot be reached, and in the judgment of the responsible adult accompanying the group to Six Flags – Great America on Tuesday, August 6, 2013 or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

**I GRANT PERMISSION** for the adult chaperons for this event to administer non-prescription drugs as needed for my teen (aspirin, ibuprofen, antacids, etc.) \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**I AUTHORIZE** St. Barbara to use photographs, etc. \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/  
Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

Phone number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contact** (In event above parent(s)/guardian(s) cannot be reached.)

Name of Emergency Contact \_\_\_\_\_

Relationship parent(s) / guardian(s) \_\_\_\_\_

Phone number \_\_\_\_\_

**Health Information**

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

Current Medication: \_\_\_\_\_

Other Comments: \_\_\_\_\_