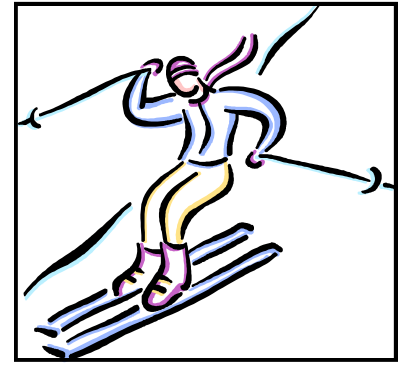


**ST. MARY NATIVITY
AND THE JOLIET AREA
YOUTH MINISTRY CLUSTER
INVITE YOU AND YOUR
FRIENDS TO CHESTNUT
MOUNTAIN IN GALENA, IL
FOR OUR 3RD ANNUAL**



OVERNIGHT SKI TRIP

Friday February 5—Saturday February 6, 2010

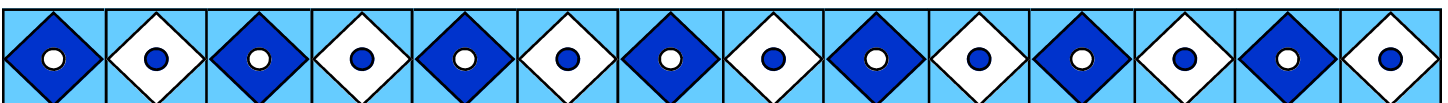
6:30pm—9:00am

**This trip includes round-trip transportation (coach bus),
ski or snowboard rental, lift ticket, plus an awesome bonfire,
with music/DJ, your friends and more ...**

\$90

- We will depart (6:30pm) from the parking lot of Holy Family Parish in Shorewood (on Route 59, just a couple blocks south of Black Rd.) We will return Saturday morning at 9am to the same location.**
- Both money and permission forms are due on Friday Jan. 15th.**
- Please make checks payable to St. Mary Nativity Youth Ministry.**

For more info, or if interested in chaperoning this event, contact Mike Hoyt at dre.stmarynativity@yahoo.com or call him at (708) 214-0575. This event is organized by the Archdiocese of Chicago OFC Youth Ministry and the Joliet Area Youth Ministry Cluster.





St. Mary Nativity Parish

Office of Religious Education and Youth Ministry
706 N Broadway, Joliet IL 60435

Phone: 815-726-4073

Fax: 815-727-4393

GENERAL PERMISSION

I request that my child, _____,
be allowed to participate in the following youth ministry event(s):

(please specify the event, date, time and location)

I hereby release and indemnify St. Mary Nativity Parish, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This signed permission form serves as authorization for my child's participation in videotaped recordings and/or still photographs, which may be used for future promotional efforts, including the St. Mary Nativity website.

Code of Behavior

You are representing Youth Ministry in our diocese during this event and we expect you will represent us well. We expect that you will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our diocese.

Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Youth Signature: _____

Parent/Guardian Signature: _____

Date: _____

MEDICAL PERMISSION

I grant permission for the administration of First Aid to my child, _____, by the people in charge of this event, as their judgement deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalise, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Participant's Date of Birth _____

Allergic to medication/other? **NO YES (circle one)**

If yes, please describe:

Medication(s) presently taking: _____

I authorize the administration of non-prescription drugs as needed (aspirin, ibuprofen, antacids, etc.) **NO YES**

INSURANCE INFORMATION

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Identification/Social Security Number: _____

Authorized Physician: _____

Physician's Phone #: _____

FAMILY INFORMATION

Address: _____

City: _____ State: IL Zip: _____

Home Phone: _____

Cell Phone: _____

In case of Emergency, contact the following person:

Name and number: _____

RETURN THIS FORM (WITH PAYMENT IF APPLICABLE) TO THE SMN SCHOOL OFFICE OR CHURCH RECTORY, ATTN: YOUTH MINISTRY