



DATE: Friday - August 3rd, 2012

TIME: 8:00 AM to 10:00 PM

COST: \$50 per person

All High School students (Grades 9-12) may attend our Great America Trip! Friends invited too! Join teens from our parish for a day of fun and excitement at Six Flags Great America in Gurnee, Illinois.

PERMISSION FORM AND FEE is DUE into the St. Joan of Arc Youth Ministry office located in the Parish Center by Friday, July 27th

(Please make checks payable to St. Joan of Arc Youth Ministry).

The \$50 fee covers cost of admission ticket and bus transportation.

For students with a season pass, the cost is just \$20 for the bus fee.

WHEN TO ARRIVE: We are meeting at St. Joan of Arc Church at 8:00 AM for morning Mass, we will return there by 10:00 PM that evening.

We will be taking a bus for this trip.

PARENTS: Chaperones (Age 21 or older) are needed, so please contact me if you can help. Chaperones can attend at a cost of just \$15.00.

ON THE DAY OF THE EVENT: Students should dress appropriately for the day, including a change of clothes if they choose to go to the Six Flags Water Park.

They should bring money for lunch and dinner and for any souvenirs and/or games.

QUESTIONS please call Alex at (630) 353-4569 or agervacio@sjalisle.org

***** Please follow the DEADLINE of JULY 27th! No registrations will be taken after 12:00 PM on that date!**

AUTHORIZATION FORM FOR PARISH EVENTS

I hereby give permission for my child _____ to participate in the **ST. JOAN OF ARC TEEN MINISTRY SIX FLAGS TRIP – AUGUST 3RD** hereby release and indemnify **St. Joan of Arc Parish - Lisle, Illinois**, its staff, volunteers and the Joliet diocese, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

I understand that my child is responsible for following certain regulations while taking part in this event.

SIGNATURE OF PARENT/GUARDIAN

ADDRESS, CITY AND STATE

AREA CODE AND PHONE NUMBER

EMERGENCY PHONE NUMBER

PHONE NUMBER OF CLOSET RELATIVE

MEDICAL PERMISSION FORM

I grant permission for the administration of first aid to _____ BY THE PEOPLE IN CHARGE OF **ST. JOAN OF ARC TEEN MINISTRY SIX FLAGS TRIP – AUGUST 3RD** and those transporting my child to and from the program as their judgment deems advisable, and to make the necessary referrals to qualified physicians and treatment of illness or accidents of a more serious nature. I understand that 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 case of medical emergency, I understand that every effort will be made to contact the parents/guardians of the participant. In the event I cannot be reached I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed as necessary for my child.

SIGNATURE OF PARENT GUARDIAN _____

DATE _____ ADDRESS _____

PHONE _____ CITY/STATE _____ ZIP _____

AUTHORIZED PHYSICIAN _____ PHONE _____

INSURANCE INFORMATION

POLICY IN THE NAME OF _____

INSURANCE COMPANY _____ POLICY# _____

IDENTIFICATION # AND/OR SOCIAL SECURITY # _____

St. Joan of Arc Parish Center – 630-963-4500

ALL PERMISSION SLIPS MUST BE TURNED IN NO LATER THAN JULY 27th. COST: \$50.00

PLEASE MAKE CHECKS PAYABLE TO *ST. JOAN OF ARC PARISH*

CODE OF BEHAVIOR

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

Some 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 ILLEGAL DRUG BY AN INDIVIDUAL 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 Behavior code. I also understand and agree that at the time 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 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.

TEEN SIGNATURE_____DATE_____

**PARENT/GUARDIAN
SIGNATURE_____DATE_____**