

# Valleyfair 2014

## Five Parish Youth Event



Wednesday, July 30th

- Bus leaves St. Pius V at 9:00am and returns at 7:00pm.
- Open to all youth and their friends going into grades 6-12 in the fall.
- Cost is \$31.75 per person which includes bus fare and Valleyfair ticket (rides and Soak City Waterpark).

Please fill out the Code of Conduct and Parental Consent form and return to St. Pius V Parish Office along with fee by Wednesday, July 23, 2014.

If you have questions, please contact Debbie Bauer at 507-263-4680 or email to [spuff@frontier.com](mailto:spuff@frontier.com).

# Valleyfair Five Parish Youth Event

## VALLEYFAIR CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing:

St. Pius V Church in Cannon Falls

In this event sponsored by St. Pius V Church in Cannon Falls

On Wednesday, July 30, 2014

***Please read and sign.***

I, \_\_\_\_\_, WILL:

Printed Name of Youth Participant

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure time.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance

**I agree that if any of these terms are violated, St. Pius V Church/St Joseph Church, can send the participant home at the participant/guardian's expense.**

\_\_\_\_\_  
Youth Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please return to: St. Pius V Church

No later than: Wednesday, July 23, 2014

Fill out and return to  
St. Pius V by July 23, 2014

VALLEYFAIR – FIVE PARISH YOUTH EVENT  
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Student/Participant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parish **St. Pius V Church in Cannon Falls, MN**

Date of Event/Field Trip **Wednesday, July 30, 2014** Type of Field Trip **Trip to Valleyfair**

Destination **Valleyfair Amusement Park (One Valleyfair Drive, Shakopee, MN)**

Individual(s) in Charge **Debbie Bauer (Faith Formation Coordinator for St. Pius V Church)**

Estimated Time of Departure **9:00am from St. Pius V**

Estimated Time of Return **7:00pm at St. Pius V**

Mode of Transportation To & From Event **Bus**

Student Cost (if applicable) **\$31.75 per person (includes Valleyfair ticket and bus fare)**

I, \_\_\_\_\_, grant permission for \_\_\_\_\_  
Parent or Guardian Name Youth Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify St. Pius V Church, and the Archdiocese of Saint Paul and Minneapolis & all other churches/parishes participating in this event from any claims or law suits brought against St. Pius V Church /Archdiocese of Saint Paul and Minneapolis/other participating churches/parishes by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the St. Pius V Church/ the Archdiocese of Saint Paul and Minneapolis/other participating churches/parishes in defense of such a claim/suit.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact \_\_\_\_\_

Name

Phone Number

**OPTIONAL MEDICAL INFORMATION:**

Medication my child is taking at present \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Family Health Plan carrier number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature

Date