



Kings Island

ALL INCOMING 7th-12 GRADE STUDENTS WELCOME

WEDNESDAY, JULY 24TH

Depart from the church parking lot of St. Pius X @ 8am

Return to St. Pius X @ 11pm

REGISTRATION: \$90 DUE BY WEDNESDAY, JULY 3RD

(Registration cost includes a park admission ticket, all meals, and the bus fee)

Make checks payable to YOUR parish.

Bring appropriate swimsuit for Water Park, towel, extra clothes & money for games!

We do need adult chaperones to make this event possible, please sign up to chaperone on the registration form.

For questions, Please Contact your Youth Minister!

NDYMA – TRAVEL EVENT GUIDELINES 2024

Name of Participant: _____ **D.O.B.** ____/____/____ **Grade** _____

You are representing the Archdiocese of Indianapolis and your parish 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.

Some Expectations:

- All participants are expected to arrive on time.
- All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
- Socializing should always be done in public areas.
- Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
- The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug by an individual is not permitted.
- Smoking is not permitted.
- Weapons and drug paraphernalia are not allowed.
- If under the age of 18, prescription drugs need to be given to an adult for storage and distribution.
- All participants must follow the transportation rules and regulations set forth by the Archdiocese of Indianapolis; of which will be announced and enforced upon departure of the event, and must be followed for the duration of the event. Any rule that is not followed will result in parents being contacted and your bus seat being reassigned next to a chaperone.
- Infraction of these rules can mean immediate dismissal with no refund.

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

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

****Youth Signature:** _____ **Date:** _____

I request that my child, _____ be allowed to participate in the **King's Island Trip on July 24, 2024** and hereby release and indemnify The North Deanery Youth Ministers, its staff, volunteers and the Archdiocese of Indianapolis, from any and all liability from claims of any kind or nature whatsoever from my child's participation in this event.

I understand that I will be notified at the time of any major infraction by my child, which will result in his/her dismissal from the event. I will also be required to pick up my child from the event at the time of the infraction.

I grant the permission of First Aid to be given to my student by the people in charge of the event, and those transporting my child to and from the program as their judgment deems advisable, and to make the necessary referrals to qualified physicians for 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 case of 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 hospitalize, secure proper treatment for and to order injection, anesthesia or surgery, if deemed necessary for my child.

Insurance Company Name: _____

Name of Policy Holder: _____

Policy Number: _____ Group Number: _____

Authorized Physician: _____ Phone Number: _____

Any Medical Conditions/Allergies _____

Parent Name(s): _____

Parent Cell Phone Number(s): _____

Parent Email Address(es): _____

****Parent Signature:** _____ **Date:** _____

I can Chaperone: _____ I am Safe Parish trained: _____ I have a Background Check on file: _____