

Is Winter making you feel like you are on a slippery slope?



**Then join the St Christopher Youth Ministry on their Ski Trip to
Alpine Valley in East Troy Wisconsin!
Saturday, February 18' 2012**

Open to all JR. High and High School Students from everywhere and anywhere!

**Time: 7:00 am -7:30 pm
Cost: \$85.00 per person Members
\$95.00 for Non-Members**

**We will leave and return to the St. Chris Parking Lot.
Entire Families are welcome!**

**Cost includes transportation, breakfast on bus, lift ticket, equipment rental
(skis or snowboard) and lesson. Bring money for food at resort.**

PERMISSION SLIPS MUST BE TURNED IN WITH PAYMENT BY WED. FEBRUARY 15TH

PERMISSION FORM / PARENT/GUARDIAN AUTHORIZATION

I request that ST. CHRISTOPHER PARISH allow my child _____ to participate in the following sponsored activity located off the parish premises.

Name of Activity: Youth Ministry Ski Trip

Date, Departure Time & Return Time: Saturday, February 18, 2012 from 7:00 AM - 7:30 PM

Place of Activity: Alpine Valley Ski Resort Hwy. D & Townline Road d P.O. Box 615 d East Troy, Wisconsin 53120

Method of transportation: Hired School Bus

Designated Supervisor of Activity: Mr. Len Feil

Participant's Costs: \$ 85.00 registration fee for Paid Members \$95.00 for Non-members

I understand that the activity will take place on as well as away from the parish premises and that my child will be under supervision. I further consent to the conditions stated on participation in this event, including the method of transportation.

I hereby release and indemnify ST. CHRISTOPHER PARISH, its staff and its volunteers, and Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind of nature whatsoever from my child's participation in this event. In the event that the undersigned, or my authorized physician, cannot be reached, and in the judgment of the designated supervisor of the activity or other responsible person accompanying the group, 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.

Medical Insurance Company: _____ Insurance Number _____

Parent/Guardian Signature Address City State Zip

Area Code) Phone Number Daytime Phone Number Cell Phone or Alternate