

St. Aloysius High School Youth Group presents:
AN AWESOME CANOEING ADVENTURE



WHEN:

Saturday October 17, 2009
Be at SAS parking lot at 7:00am as
the bus will leave no later than 7:20
AM (you can sleep on the bus ride!)
and return around 9:30-10pm

WHERE:

Okatoma Outdoor Post
<http://www.okatoma.com>
Seminary, Mississippi

COST:

\$35 per person

WHAT TO BRING:

- swimsuit (girls must bring a one-piece or tankini, no strapless suits! Guys no low hanging shorts)
- A tote/duffle bag with a towel and a dry change of clothes
- Old tennis shoes or water shoes
- Bag lunch – nothing that has to be heated as we will be eating while on the river

- About \$5 -10 cash for dinner (we will stop for dinner on the way home). Please bring your cash in a zip-lock bag LABELED with your name on it!
- Optional: we will have bottled water available. You may bring any extra drinks (soda, juice, more water) and we will keep them in ice chests on the canoes
- A wonderful, uplifting attitude!
- Sunscreen & bug spray

WHAT NOT TO BRING:

Cell phones – keep your cell phones at home! We do not want you to leave valuables on the bus and if you carry it with you, it may get soaked or fall into the river. If you need to call your parents, you may use an adult's cell phone.
iPods – for the same reason as cell phones.
Bad attitudes – we are all about having a safe but super fun trip!

Please return the following permission slip with the \$35 fee by October 6th to Steven's office!

St. Aloysius Youth Group
Canoe Trip Oct. 17 ALL DAY
Cost: \$35 Location: Okatoma Creek, Seminary, MS
Transportation: Bus <http://www.okatoma.com/>
Consent Form and Liability Waiver

Participant Information (PLEASE PRINT)

Name: _____
Home Phone: _____ Cell Phone: _____
E-mail: _____
Home Address: _____ Zip: _____
Grade: _____

Parent/Guardian Information (PLEASE PRINT)

Name(s): _____ Home Phone: _____
E-mail: _____
Cell Phone: _____ (mom) _____ (dad)
***Are you willing to chaperone (circle one)? Y N

Emergency Contact Information (PLEASE PRINT)

Name: _____
Relation to Participant: _____
Home Phone: _____
Cell Phone: _____

Medical Information (PLEASE PRINT)

Physician's Name: _____ Physician's Phone: _____
Insurance Company: _____ Insurance Policy Number: _____
Allergies/Medical Concerns: _____
Date of Last Tetanus Immunization: _____
Physical Limitations: yes/no Explain: _____

I grant permission for my child to fully participate in this youth ministry event including swimming in the river, canoeing, and rope swings. I understand that this event will take place under the guidance and supervision of parish volunteers of St. Aloysius Parish.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Aloysius Parish, its officer, directors, employees and agents, and the Diocese of Baton Rouge, its employees and agents, chaperones with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Baton Rouge, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury, or damage, unless such claim arises from the negligence of the parish or diocese.

Parent/Guardian Signature: _____ Date: _____

MONEY AND FORM ARE DUE BY October 6th NO EXCEPTIONS!!!!
Space will be limited to the first 40 participants to register!
Should you have to withdraw, we will be unable to refund the money.