

EVENT INFORMATION

NAME OF EVENT: Cedar Point Trip 2008

DATE OF EVENT: Thursday, June 12, 2008

DESTINATION: Cedar Point Amusement Park
Sandusky, Ohio

METHOD OF TRANSPORTATION: Motorcoach Buses

DESIGNATED SUPERVISOR OF ACTIVITY: Theresa Palmieri 837-3615

TIME OF DEPARTURE:

- Meet:** 5:30 a.m. at Blessed Sacrament Parish Center
- Leave:** 6:00 a.m. SHARP!
- Arrive:** 10:00 a.m. at Cedar Point
- Leave:** 8:00 p.m. from Cedar Point
- Return:** 12:00 a.m. at Blessed Sacrament Parish Center

COST: \$ 72.00 (includes bus and park entrance)

ADDITIONAL ITEMS NEEDED FOR ACTIVITY:

- * Food/beverages for the day or money to purchase. Plan on \$20.00 dollars for lunch and dinner (more for snacks)
- * You are encouraged to bring walkmans, video games, books, etc. for the ride
- * Dress appropriately – could be hot or it could be cold, but let’s hope it’s just right!

**PARENT PERMISSION FORM/MEDICAL CONSENT FORM AND RULES AGREEMENT
FOR 2008 CEDAR POINT TRIP**

As Parent(s) or legal guardian(s), I give my permission for _____ a minor, age _____, _____ Grade (07-08 school year) to participate in this parish event. I understand that this event takes place away from the parish grounds and that my teen will be under supervision by designated adult parish chaperones. I further consent that as parent or legal guardian I remain fully responsible for any legal responsibility, which may result from any personal action taken by named participant. I also consent to the method of transportation being used in this event.

Parent (guardian) signature _____ Date: _____

Chaperones: **20 responsible Chaperones are needed.** Free park entrance provided for chaperones.

Chaperones are responsible for:

1. Attending a mandatory chaperone meeting
2. Checking in a group of approximately 10-12 teens before we leave Midland at 5:00 a.m., 6th-8th grade teens at 3:00p.m. and all teens again at 7:45 p.m. before the buses leave Cedar Point.
3. Maintain order on the bus, 2 Chaperones sit in the back of the bus 2 sits in middle of bus and 1 Chaperones up front to play the movies.
4. Medical forms during bus rides to and from park (give packet to Coordinator Theresa Palmieri on arrival at Cedar Point).
5. Before arrival to park give out park tickets, go over park rules, collect garbage.
6. Must walk the park and be visible to students.

I wish to be a chaperone _____ **Phone** _____

NAME _____

GRADE _____

I am a **Blessed Sacrament Teen** ____ yes _____ no

I am a **Friend** of _____, who is a Blessed Sacrament Teen.

Please turn in your and your buddy's form at the same time.

CEDAR POINT TRIP – BUS AND PARK AGREEMENT

I will stay with my friend _____ at the Park, check in at 3:00 p.m. with chaperones (middle school students only) and be ready to leave the park at 7:45 p.m. SHARP! **I understand** that swearing, smoking, possession of alcohol, drugs or firearms is not permitted at this function. **I understand** that I need to bring food and beverages for the day or money to purchase food/beverages for the day. **I will take responsibility for** my behavior and the behavior of those I am with. **Bus rules:** Put paper and waste in waste containers, keep aisles clear, wait your turn and be courteous to the bus driver. No inappropriate physical contact between teen couples, one teen per blanket please. Trip participants must ride their assigned bus to and from the park.

I agree to be courteous and to abide by all the above rules and last but not least.... have a **GREAT** time!

Participant's signature _____ Date: _____

Parent's signature: _____ Date: _____

E-mail address: _____ (for trip confirmation/questions)

MEDICAL FORM

Medical: In case medical treatment is necessary and the parents or guardian cannot be located, the following authorization is needed. I (We) authorize the adult advisor in charge (Theresa Palmieri) to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above named minor, under general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the state of Michigan and/or Ohio.

Son/Daughter's Medical History

Allergies: _____

Chronic diseases or medical problems: _____

Medicines son/daughter is now taking: _____

Medicines that need to be dispensed during this activity must be given to the designated supervisor in its original container with directions and dosage.

I authorize my son/daughter to receive Acetaminophen. Please circle one. Yes No

Medical Insurance Carrier: _____ Policy/Contract Number: _____

Family Physician: _____ Phone: _____

PARENT (GUARDIAN) NAME (please print): _____

PARENT (GUARDIAN) SIGNATURE: _____

ADDRESS: _____ ZIP: _____

PHONE: (home) _____ (work) _____

EMERGENCY PH # _____

RETURN PERMISSION SLIP & MONEY TO BLESSED SACRAMENT PARISH
BY MONDAY, MAY 12, 2008