

Activity Permission for Youth Groups Ski Trip

A. Activity: Youth Groups Ski Trip to Seven Springs Resort, Pennsylvania

Activity Date: Fri., Sat. and Sun., January 20, 21 & 22, 2012

B. Activity Location: Seven Sprigs Resort, Pennsylvania.

Meet at CLUUC at 3:30 p.m., Friday, January 20, 2012; depart Church shortly thereafter.

(If you can't have your child at Cedar Lane at 3:30, please indicate when you can have your child at the Church on the 20th ** _____ **)

Expected Return to Cedar Lane Church about 5:30 pm Sunday, January 22, 2012.

Estimated Cost: See Flyer for cost; Participants should bring some spending money as noted.

C. My son/daughter _____ has my permission to participate in the above activity under Cedar Lane Unitarian Universalist Church (CLUUC) supervision on the scheduled date(s), with the understanding that CLUUC will assure that the activity is properly supervised. I hereby relieve CLUUC, the leadership thereof, and the persons conducting this activity of any liability in connection with my son/daughter's participation in this activity.

D. In the event of an accident, I understand that an attempt will be made to contact me at _____ (home and cell phone). In case I cannot be reached, I have arranged for _____ (name and phone of relative or friend) to be an "emergency contact". If the emergency contact or I cannot be reached in time, I hereby authorize the administration of emergency medical aid to my son/daughter. In emergencies requiring immediate medical attention, my child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. My signature authorizes the responsible person from CLUUC conducting this activity to have my child transported to that hospital. I agree to accept financial responsibility for any and all emergency medical care so provided. I also authorize the CLUUC trip supervisors to administer to my son/daughter the medications, if any, listed below on this form.

Child/Youth's Physician: _____ Phone _____

Signature of Parent/Guardian

Date

E. Please note any allergies generally or to medicine, special medication, physical needs, or other medical problems. Also listed are medications that should be administered to my son/daughter (use another form if needed):

F. I have read the Safety Guidelines for Children and Youth and understand the rules and the consequences of infractions. (Additional copies are available in the R.E. office.)

G. I give permission for photos of my child that may be made on the trip to be used, without identifying names, on the Church website and publications.

Signature of Parent/Guardian

Date

Signature of Child/Youth

Date

H. Insurance Carrier: _____ Policy No. _____

Name of Insured: _____

