

# Youth Ministry Noah's Ark!!

OPEN TO MIDDLE SCHOOL & HIGH SCHOOL STUDENTS  
(Incoming 6<sup>th</sup> -12<sup>th</sup> Grade)



## Thursday, August 5

### 9:00 a.m. – 5:00 p.m.



### Cost \$35

(includes transportation from St. Bernard's in Middleton & water park admission!!)

Bring money for lockers, snacks, and meals or bring a sack lunch!!

To sign up turn in your money AND permission slip turned to the Youth Ministry Office.

#### Parent/Student Note on Swimwear:

- One-piece suits are recommended.
- NO thong type suits at all.
- No bikinis unless a t-shirt is worn over it
- Tankinis (two-piece suits that cover most of the torso) are OK.

*Don't Forget Your Sunscreen & Towel!!*

*All participants must ride the bus to and from the event.*

*Questions?*

*Call Joe Rausch @ 298-2098*

## **PERMISSION & PARENTAL/GUARDIAN AUTHORIZATION – Noah's Ark – Aug. 5**

Please complete, sign, and send the following statement of consent and release of liability. As a parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any actions taken by the named student.

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Telephone # where parent can be reached during event: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

I hereby request that my child, \_\_\_\_\_, participate in the Noah's Ark Trip described above. I understand that this event will take place on Thursday, August 5, 2010. I further understand that this event includes bus transportation from **St. Bernard Church** in Middleton to Noah's Ark in Wisconsin Dells and back. As parent/legal guardian, I remain fully responsible for any actions taken by the named student. I hereby hold harmless St. Maria Goretti Parish, the Westside Youth Ministry Network, its officers, directors and agents, and all employees and chaperones associated with this event. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency treatment or surgery.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to follow all the rules of the event and will follow all staff requests.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN PERMISSION FORM TO THE RE/YM OFFICE BY NOON ON August 3, 2010**