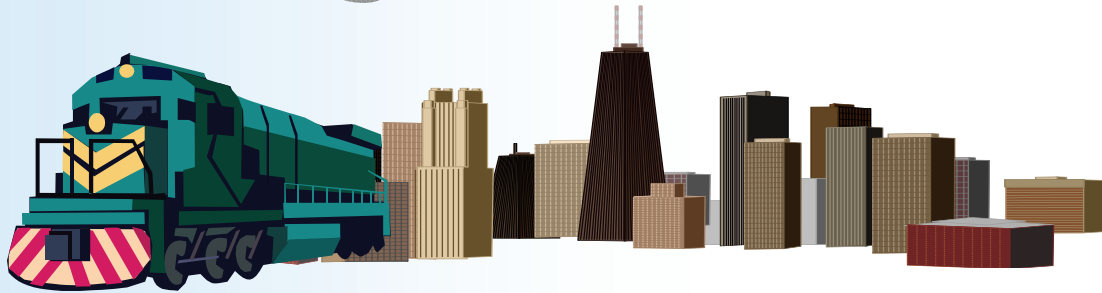




# Chicago Train Trip



**Wednesday, July 21, 2010**

**9:00am to 11:00pm**

***Leaving from Joliet's Union Station via train  
Permission Form Required***

**Enjoy a day at Gino's East Pizza, Navy Pier,  
Millennium Park & Shopping at Watertower!**

For more info contact the Youth Ministry Office  
#730-8599 or [stpaulsyouth@sbcglobal.net](mailto:stpaulsyouth@sbcglobal.net)

DEADLINE to sign-up is **Tuesday, July 20**

Bring \$12 for train and extra money  
for lunch, dinner and shopping!

***Make sure you bring your Student ID for the  
discounted prices!***





## **ST. PAUL'S YOUTH MINISTRY PERMISSION FORM**

### **General Permission:**

I request that my child \_\_\_\_\_  
be allowed to participate in the following event:

All Day Trip in Chicago, Illinois via train to/from Joliet's Union Station  
Wednesday, July 21 from 9:00am to 11:00pm

I hereby release and indemnify St. Paul the Apostle Church and Youth Ministry, Joliet, Illinois, its staff, volunteers, and the Joliet Diocese from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this activity/event.

### **Videotaping and Still Photography:**

Videotaping and still photographs will be taken during this event. Event registration constitutes permission for possible participation in the videotaping and still photographs. These may be used for future promotional efforts and on our youth ministry website.

### **Code of Behavior:**

You, the participant, are representing St. Paul's during this event, and we expect you will represent us well. We expect that you will display mature and responsible behavior.

### **Some specific expectations:**

- † All participants are expected to be on time.
- † All participants are expected to demonstrate common courtesy and respect at all times.  
Inappropriate language/behavior will not be tolerated.
- † Socializing should always be done in public areas.
- † Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
- † The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug by an individual is not permitted.
- † Smoking is not permitted.
- † Weapons and/or drug paraphernalia are not allowed.
- † If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
- † Infraction of these rules can mean immediate dismissal with no refund.  
Participants will be responsible to local authorities as well.

I understand and agree to this Behavior Code. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved. If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Teen signature \_\_\_\_\_ Date: \_\_\_\_\_

Teen email \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian email \_\_\_\_\_

**Medical Permission:**

I grant permission for the administration of First Aid to \_\_\_\_\_  
by the people in charge of the event and those transporting my child to and from the program, as their  
judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment  
of illness or accident of a more serious nature. I understand I will be promptly notified in the event of  
any serious illness or accident and prior to any major surgery, except where delay in such  
communication would endanger life. In case of medical emergency, I understand that every effort will  
be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I  
hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper  
treatment for, and to order injections, anesthesia, or surgery, if deemed necessary for my child.

PRINT name of youth \_\_\_\_\_ Birth date \_\_\_\_\_

Allergic to medications/other? No \_\_\_\_\_ Yes \_\_\_\_\_ What \_\_\_\_\_

Medications presently taking \_\_\_\_\_

**Insurance information:**

Policy in the name of \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy number \_\_\_\_\_

Identification Number and/or Social Security Number \_\_\_\_\_

Authorized Physician \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

PRINT Name of Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home phone (     ) \_\_\_\_\_ Emergency phone (     ) \_\_\_\_\_

Today's Date \_\_\_\_\_