



Ski Trip Registration



Sundown Mountain, Dubuque

Saturday February 10, 2018



Must be turned in by
January 24, 2017 to:

St. Elizabeth Youth Ministry
1350 Lyndhurst Dr
Hiawatha, IA 52233



(Please make checks out to St. Elizabeth's)

FORMS RECEIVED AFTER JANUARY 25TH OR FORMS NOT FILLED OUT COMPLETELY MAY NOT BE ACCEPTED

(ie: shoe size, weight, Dr. info, etc... if this is not filled out it causes great delay for all!)
No refunds unless trip is cancelled. If cancelled, this trip will not be rescheduled. This group will consist of youth from St. Elizabeth, St. Ludmila & St. Matthew's

Participant Name: _____

Phone: _____ 2nd Phone: _____ Email _____

School: _____ Grade: _____ Parish: _____

Shoe Size: _____ Weight: _____ Height: _____ Age: _____

Skier Type *(circle one)* Beginner Intermediate Advanced

Package (Circle One:) Ski Rental & Lift Snowboard Rental & Lift Ski Lift Only
NO REFUNDS \$62 \$62 \$45

(All choices include an optional free ski lesson)

You need to either bring your own sack supper or purchase a meal at Sundown. We will meet at 1:45pm in the St. Elizabeth parking lot and will return at 10pm.

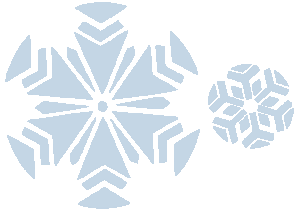
Please contact your parish's youth minister with any questions/ comments/concerns

OFFICE USE

Check # _____

Check Amount _____

Participants check is paying for:



**Ski Trip Permission Slip
St. Ludmila, St. Elizabeth & St. Pius X**

Persons in Charge: Bob Gardner, Sarah Casey, Emily Gignac Grade: 6-12
Event and Educational Purpose: To Ski/Snowboard and build community with youth from other parishes
Date of event: Feb 10th 2018 Departure time: 2 PM Time of return: 10 PM
Form of transportation: Buses



By signing this form, I (parent/guardian) certify that I request and-give my permission for

_____ to go on this Field Trip. Further, I have

(name of participant) previously completed the Parental/Guardian Consent Form and Liability Waiver

and agree to the conditions as set forth. **I acknowledge that skiing can be a dangerous activity which can lead to serious injury, including death. I also acknowledge that due to the nature of the activity my child may not be under direct supervision at all times.**

Parent/Guardian Signature(s) _____

Phone number(s) _____

Any medical information important for the supervisors to know:

Please list any changes in your child's medical condition or emergency contact information since your completion of the Parental/Guardian Consent Form and Liability Waiver:

Please return this permission slip by Jan 24th _____

This is the only permission slip that will be accepted for this Field Trip/Event

Parents, please detach and save for your information

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