

**FORMS AND PAYMENT
ARE DUE IN THE Parish Office**

BY: July 30, 2010
(first come-first served basis)

St. Julie Billiard Church
7399 West 159th Street
Tinley Park, IL 60477-1398
Rectory ~ 429-6767
Youth Office ~ 429-7377

"Teens Need Togetherness"

Parental/Guardian Authorization Form

I request that St. Julie's T.N.T. program allow my teen _____ to participate in the following sponsored activity requiring transportation to a location away from the parish facility:

Destination: **SIX FLAGS GREAT AMERICA**

Date and Time of Departure: **Tuesday, Aug 3rd 8am**

Date and **APPROXIMATE** Time of Return: **Tuesday, Aug 3rd Midnight**

Method of Transportation: ***Bus transportation***

Participant Cost: ***\$40 includes transportation, Ticket into the park \$13 for Bus only***

Designated Coordinator of Activity: **St. Julie Adult Chaperones**

I understand that the activity will take place away from the parish premises and that my teen will be under supervision. I further consent to the conditions stated above on participation in this event, including the method of transportation.

We are aware if there is suspicion of drug or alcohol use, or if any drugs or alcohol are found, if smoking occurs, or severe behavior endangering the safety or well being of another person occurs, we are responsible for the cost of transporting our teen home. The decision to send someone home will be made at the discretion of the lead adult chaperone(s).

I hereby release and indemnify St. Julie's T.N.T., its staff and its volunteers, and the Archdiocese of Chicago from any and all liability arising from claims of any kind of nature whatsoever from my teen's participation in this event.

Participant Signature

Parent/Guardian Signature

Phone Number

Email Address: _____ **Yes I can chaperone if needed** _____

Forms & Money due by: July 30 2010

Medical form on the reverse side must also be filled out.

This is open to all current HIGH SCHOOL (2011 grads too) and Jr. High students.
****You are responsible for all of your belongings. Ex: IPods, cell phones, purses, etc.**

Name: _____ Birth date: _____

St Julie Billiard Youth Ministry Program
Authorization for Medical Treatment

In the event that the undersigned, or my authorized physician cannot be reached, and in the judgment of the Youth Minister or other Adult Supervisors of St. Julie Billiard Youth Ministry, there is necessity for immediate examination and / or treatment of our child, I hereby authorize any of the aforesaid personnel to obtain for our child such medical services deemed necessary.

Parent / Guardian Signature

Parent / Guardian Signature (if applicable)

Home Address

Home Phone Number

City, State, Zip Code

Parent / Guardian Work Phone Number

Insurance Information

Family Physician

Hospitalization Plan

Phone Number

Policy Number / Group Number

Medical Conditions, Allergies or Restrictions (attach additional paper if more details are necessary)

Emergency Name / Number - 1. _____

2. _____