



# **Annual All-Teen All-Night, All-Fun, Ski/Snowboard Trip**

**Friday, Feb 5th-Saturday, Feb. 6th**

**Gathering time will be around \*7:30pm on Friday.**

**Return will be at approximately 8:30am the next morning.**

\*exact departure time and place will be determined  
once bus arrangements have been finalized.

## **To Register:**

**Please download the  
“Ski/Snowboard Packet”  
under the  
Youth Ministry section  
of our webpage at  
[www.olwparish.org](http://www.olwparish.org)**



## **Prices:**

**Full Rental: \$86.00** (includes bus,  
equipment rental, lift ticket, & lesson)

**Bring Your Own Skies/  
Snowboard: Only \$73.00**

**Absolute Registration Deadline  
Tuesday, January 19th**

**This event is open to all OLW high  
school age teens (and their friends)**

Please bring 75 cents in quarters for lockers.  
Can switch from skiing to snow boarding for only \$5.

# YOUTH MINISTRY OFFICE ALL NIGHT SKI EVENT

Chestnut Mountain Galena, Illinois Friday, February 5 to Saturday, February 6, 2010

I hereby give permission for my youth \_\_\_\_\_ (fill in youth's name) to participate in the Office of Catechesis Youth Ministry ALL NIGHT SKI EVENT to be held at Chestnut Mountain in Galena, Illinois from Friday, February 5 to Saturday, February 6, 2010. I hereby release and indemnify the Archdiocese of Chicago and Our Lady of the Wayside, for this event, its staff and volunteers; and the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in the program. I understand that if my child violates any laws regarding possession of **alcohol or drugs, or rules governing the event**, I will be called and notified about situation and/or arrangements made to send my child home at my expense.

## MEDICAL AUTHORIZATIONS

**In the event that the undersigned cannot be reached, and in the judgment of the responsible adults or other appropriate staff members accompanying the group. If there is a necessity for immediate examination and/or treatment of my child. I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.**

I GRANT PERMISSION for the adult chaperons for this event to administer non-prescription drugs as needed for my teen (aspirin, ibuprofen, antacids, etc.) \_\_\_\_\_ YES \_\_\_\_\_ NO

I AUTHORIZE THE OFCYM & Our Lady of the Wayside to use photographs/videos of my child for productions, publications, and etc. \_\_ YES \_\_ NO

## EMERGENCY CONTACT

NAME OF EMERGENCY CONTACT \_\_\_\_\_

Relationship \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

NAME OF PHYSICIAN \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## INSURANCE INFORMATION

Policy in the Name of \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance company \_\_\_\_\_ ID # \_\_\_\_\_

## HEALTH INFORMATION

Allergies: \_\_\_\_\_ Current Med \_\_\_\_\_

Other Comments \_\_\_\_\_

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

Youth Signature \_\_\_\_\_

Teen Name: \_\_\_\_\_ Teen Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Teen Cell Phone: \_\_\_\_\_

<p><b>Only if renting equipment, Check which one :</b></p> <p>SKIES _____</p> <p>SNOW BOARD: _____</p> <p><small>Please return this Form &amp; Payment to Parish Center by Tues, Jan 19th checks payable to OLW</small></p>
---