



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

Friday, Feb 11th-Saturday, Feb. 12th

Gathering time will be around *7:00pm. on Friday.

Return will be at approximately 8:45am. 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**



Prices:

Full Rental: \$89.00 (includes bus, equipment rental, lift ticket, & lesson)

**Bring Your Own Skies/
Snowboard: Only \$76.00**

**Absolute Registration Deadline
Tuesday, January 25th**

**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 All Night Ski Event
Devil's Head Resort, Merrimac, WI
Friday, February 11th to Saturday, February 12th, 2011

YOUTH PERMISSION FORM

I hereby give permission for my youth _____ (fill in youth's name) to participate in the Office for Catechesis Youth Ministry ALL NIGHT SKI EVENT to be held at Devil's Head Resort, in Merrimac, WI from Friday, February 11th to Saturday, February 12th, 2011.

I hereby release and indemnify the Archdiocese of Chicago, (name of your parish/school 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 & (NAME OF YOUR PARISH) 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. () _____

INSURANCE INFORMATION

Policy in the Name of _____ Policy # _____

Insurance company _____ ID # _____

HEALTH INFORMATION

Allergies: _____ Current Med _____

Other Comments _____

Parent/Guardian Signature _____

Youth Signature _____



Minor Rental Release Form

I hereby release Ski Enterprises of Wisconsin, Inc. and its employees from any liability for damage to any persons or property resulting from the use of any equipment rented during the 2010-2011 ski season.

I understand the bindings furnished are the release type designed to reduce the risk of injuries from falling, and these bindings will not release under all circumstances and are no guarantee for my safety.

I understand that the ski binding is pre-adjusted to a specific weight and that I must give Devil's Head my correct weight and ability so that the proper binding selection can be made. I WILL NOT adjust the binding on my own. If difficulty occurs, I will return to the rental building for assistance. I agree to reimburse the ski shop for loss of any equipment and for breakage.

Signed _____

Date _____

I consent for _____ to ski and agree, as Guardian, to the above conditions for said minor.

Guardian _____

**Parent or legal guardian must sign for any child under 18 years of age.

Group Name _____

Please Note: For any individual who will be skiing more than once during the season, this form will need to be signed only once and will be kept on file at Devil's Head.

S6630 Bluff Road – Merrimac, WI. 53561

(608) 493-2251

1-800-472-6670

Fax (608)493-2176

www.devilsheadresort.com