

the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact: (See back page to enter requested information.)

* Name & relationship: _____

* Phone: _____ Family doctor: _____ Phone: _____

* Family Health Plan Carrier: _____ Policy #: _____

* Allergic reactions (medications, foods, plants, insects, etc.): _____

* Does your youth have a medically prescribed diet or other medical issues or physical limitations?

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of St. Cloud, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called at the following phone number. _____

Signature: _____ Date: _____

Medications:

1) My youth is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are:

Signature: _____ Date: _____

PLEASE SIGN # 2 or # 3 (not both)

2) No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

- OR -

3) I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Costs: \$16 Registration Fee (after Dec. 27, 2017 fee is \$21.00) T-shirt is extra

I would like to order a t-shirt Adult Sizes - Please Circle: S M L XL 2XL 3XL 4XL
Shirt prices are \$10 for sizes, S,M L, & XL \$12 for 2XL and \$13 for 3XL and 4 XL

No shirt orders will be taken after 12/27/2017

Outdoor Activities

- (O-1) Winter Hiking
- (O-2) Broomball (1st session Only)
- (O-3) Snow Football (2nd Session Only)
- (O-4) Ice Fishing
- (O-5) Sledding (Bring sled)

Please Select Activity Choices

Use codes next to times (i.e. O-1, I-4)

1st Activity Choice: _____ 11:00 AM _____ 1:15 PM

2nd Activity Choice: _____ 11:00 AM _____ 1:15 PM

Indoor Activities

- (I-1) Art Projects (limited to 25 per session)
- (I-2) Indoor Hockey (2nd Session Only)
- (I-3) Recreational Basketball
- (I-4) Swimming
- (I-5) Dodgeball
- (I-6) Walleyball
- (I-7) Indoor Soccer (1st Session Only)
- (I-8) Ga Ga Pit/9 Square in Air
- (I-9) Climbing Wall –(need separate liability form filled out and sent-25 per sess.)
- (I-10) Volleyball
- (I-11) Foreign Language Exp. limited to 25 per

Bring an imperishable Food Shelf Donation and receive a ticket for each item donated that will go into a drawing for a valuable prize. (up to 10 tickets)