

MT. OLYMPUS

WATER & THEME PARK

Friday, February 26, 2010

Sponsored by St. Peter's



Come and experience an endless lazy river, seven story waterslides, twirling teacup, banging bumper karts, the swooshing spinning rollercoaster, and much more!!

Who? Middle School Students – Grades 6 – 8

When? Friday, February 26, 2010
Bus will depart St. Peter's at 10:00 a.m.
Return to St. Peter's at approximately 5:00 p.m.



Cost? We've arranged a special price of **\$12.00** for this Catholic youth outing. This great price includes one slice of pizza and a beverage.

What should you bring? A swimsuit and towel. (Extra money is optional for any additional snacks and arcade games.)



Register NOW!

Registration deadline is February 21st



**Transportation will be provided by parent volunteers.
Please call or e-mail and let us know if you are available to drive
and how many students you can transport.
249-6652 or smatusek@stpetersofmadison.org
Mail or drop off registrations and checks payable to St. Peter's.**

Mt. Olympus Water & Theme Park Permission/Registration Form

Parental/Guardian authorizations are required for all students.

I am a member of _____ Parish - or - I am a friend of _____

I hereby give permission for my child _____ to participate in the trip to Mt. Olympus Water and Theme Park on February 26, 2010. I hereby release and indemnify St. Peter Parish, its staff, volunteers, the Diocese of Madison, and the Catholic Bishop of Madison from any and all liabilities arising from claims of any kind or nature whatsoever from my child's participation in this event.

Authorization to Consent to Treatment of Minor

I, the undersigned parent or legal guardian of _____, a minor, do hereby consent (in the event I cannot be reached) to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable by, and is to be rendered under the general supervision of a physician or surgeon.

It is understood that this authorization is given in advance of any specific diagnosis of treatment being required. It is given to provide specific consent to any and all such diagnosis or treatment which the aforementioned physician or surgeon in the exercise of his/her best judgment may deem advisable and neither the physician, surgeon, nor any organization involved assumes any financial responsibility for acting under the authority granted by this consent authorization.

In the event of any minor illness or injury during the this trip to Mt. Olympus Water and Theme Park on February 26, 2010, the undersigned hereby grants authority to be exercised at the discretion of adult leaders, to dispense over-the-counter medication (Tylenol) and/or administer first aid as needed.

Allergies and Current Medications: _____

Signature of Parent/Guardian/Date: _____

Physician/Clinic: _____

Emergency contact (other than parent) and phone: _____

Insurance Information

Policy in the name of: _____

Insurance Company: _____

Identification #: _____

Registration Information

Participant's Name: _____

Address: _____

Date of Birth: _____

Parent/Guardian Name: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____

I agree to follow all the rules of the event and will follow all staff/adult chaperone requests.

Participant Signature: _____

Date: _____

Since it is Lent, cheese pizza will be served!