*Return permission slip and check to St. Catharine’s Rectory no later than May 14, 2019.*

**WHEN:** SUNDAY, MAY 19th, 2019

**TIME:** 7:15 A.M.

**WHERE:** SIX FLAGS GREAT ADVENTURE - 1 Six Flags Blvd, Jackson, NJ 08527

**COST:** $80.00 - Make check payable to St. Catharine’s Youth Ministry.

We will meet at St. Catharine’s Church parking lot and leave from St. Catharine’s at 7:15 a.m. sharp! We will arrive back at St. Catharine’s around 10:00 p.m.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANY MEDICAL ISSUES OR ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\*\*We are in need of chaperones for this trip! Please circle this section if you\*\***

**are able to serve as a chaperone for the duration of this event. I will contact you to provide more details once receiving the permission slip!**

I give permission for my child to attend the NJ Catholic Youth Rally at Six Flags Great Adventure on May 19th, 2019. I hereby waive and release any and all rights and claims for damages which I may have against St. Catharine’s R.C. Church and all their agents for any injuries that may incur.

Parent/Guardian Printed Name Signature Date

In the event of a medical emergency, I give permission for the St. Catharine’s staff to obtain the services of a licensed physician. Please attempt to contact me, or my emergency contact immediately concerning such treatment.

Parent/Guardian Signature Phone Number Date

Emergency Contact Name Phone Number Relationship