

# Lost Island Water Park

In Waterloo

Any High School or Middle School student is welcome

**Friday, June 14th 9:45-5:00pm**

**\$35.00**

Covers admission and Transportation - Please make checks payable to the  
Archdiocesan deposit and Loan  
*There will be NO refunds.*

#### DETAILS:

- We will depart from the St. Elizabeth Ann Seton parking lot at 10:00AM.
- Bring extra money to purchase lunch at the water park.
- No outside food is allowed.
- We will return at 5:00PM.

Hosted by the Cedar Rapids Area Youth Ministers

**FORMS ARE DUE MAY 31st**



**PLEASE RETURN FORMS TO**

St. Elizabeth Ann Seton Parish  
Sarah Casey  
1350 Lyndhurst Dr.  
Hiawatha, IA 52233

# Off-site/Field Trip Permission Form

School/Parish Program Name: Cedar Rapids Area Lost Island Trip

Date: June 14,2019

Grades: 6-12

Person in Charge: Cedar Rapids Area Youth Ministers (CRAYM)

Event and Purpose: A fun outing for area teens

Cost of the Event: \$35

Name \_\_\_\_\_ Parish \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**Section 1** - By signing this section, I (parent/guardian) certify that I request and give my permission for \_\_\_\_\_ to attend this event.

(name of student/participant)

Further, I have previously completed the *Annual Parental/Guardian Consent Form and Liability Waiver* and agree to the conditions as set forth.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone number(s) \_\_\_\_\_

**Section 2** - Nonprescription Medication Permission - By signing this section, I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3** - Please list (continue on separate sheet if needed) any medical information important for the adult in charge to know and/or any changes in this child's medical condition or emergency contact information since the completion of the *Annual Parental/Guardian Consent Form and Liability Waiver*.

Archdiocesan Policy 5141 covers the administration of prescription medication; contact the program administrator for additional information.

**Please return this permission slip by May 31,2019**

Supervisor's Signature Sarah Casey

(Principal, C/DRE, Youth Director, Pastor, etc.)

I am interested in chaperoning this event \_\_\_\_\_

Name

**This is the only permission slip that will be accepted for this Event**

**Please detach and save for your information/reference**

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