

B.A.S.I.C. Cedar Point Trip

Saturday, August 10

Cost: \$50-\$60

Permission slips & payment due Mon July 8th

- All high schoolers (including incoming freshmen and outgoing seniors) are welcome to join our trip to Cedar Point.
- The \$50 cost covers the bus ride and park ticket. If you would like to purchase an all-day fountain drink pass for \$10, the cost is \$60. This pass is an all-day drink wristband (fountain beverages every 15 minutes).
- Chaperones and teens should bring extra money for meals and other expenses.
- Teens will be free to go around the park with their friends (in set groups they choose) while chaperones walk the park. All teen groups will be required to “check in” at 2:00pm with John in a designated check-in area.
- We need chaperones! If you would like to be a chaperone please contact John 248-689-8380 #108 jboutin@stanastasia.org
- **Chaperones and teens 18 or older are required to complete a background check and the Archdiocese safe environment screening and training workshop Protecting God’s Children.** Go to <https://protect.aod.org/protecting-gods-children> to register.

Schedule

7:00am Teens arrive at the Davidson Center at St. Anastasia

7:15am Bus departs for Cedar Point

10:00am Bus arrives at Cedar Point

10:00am-8:00pm Fun at the Park (lunch & dinner on your own) **2:00pm** check-in

8:00pm All teens gather at the gates

8:15pm Bus departs for St. Anastasia

11:00pm Bus arrives back at the Davidson Center at St. Anastasia

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from St. Anastasia Catholic Church.

Name of Event: BASIC Cedar Point Trip

Destinations: Cedar Point 1 Cedar Point Drive, Sandusky, OH 44870

Designated Supervisor of Activity: John Boutin Cell: (586) 438-0096

Date and Time of Event: August 10, 2024 7:00am-11:00pm

Method of Transportation: Bus

Credit Card payments accepted in parish office or by phone:

Cost: \$50 Checks payable to St. Anastasia Catholic Church

248-689-8380

Note: \$50 covers ticket & bus ride Please bring extra money for food and other expenses. If you would like to purchase an all-day fountain drink pass for \$10, the cost is \$60.

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

*******STATEMENT OF CONSENT*******

Event Name: BASIC Cedar Point Trip

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this field trip, I hereby agree on behalf of myself and my child, to release St. Anastasia Catholic Church, the Roman Catholic (Arch)diocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

Parent Email(s)_____

Phone number(s) where you can be reached during this event_____

(Print Parent/Legal Guardian's Name)

(Parent/Legal Guardian's Signature)

(Date)

Please return this form by: Monday July 8th to the Parish Office or John Boutin

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: **Cedar Point Trip or event**

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____

Signed: _____
(Parent or Guardian)

PSI/MedRel/05-94
HAPS-March 2004

RETURN FORM BY: July 8th

RELEASE FOR DISPENSING OF MEDICATION (IF APPLICABLE)

We, the undersigned parent and/or guardian of:

_____ Born ____/____/____
(Student's Name) (Grade) Mo Day Yr

do hereby sign and execute this release on behalf of us and on behalf of our minor son/daughter/ward.

NAME OF MEDICATION: _____
DOSE: _____
TIME TO BE GIVEN: _____
DURATION: _____

ATTACH DOCTOR'S NOTE REGARDING EMERGENCY CARE PLAN AND ADMINISTRATION OF MEDICATION.

Check here, if this release is for a metered dose asthma inhaler, insulin pump or epinephrine auto-injector, which the student will possess and use at his/her own discretion in school or at school activities. The physician and parents/guardian signature below apply to the inhaler, insulin pump or epinephrine auto-injector possession and use by students as permitted in Public Act 10 – Revised School Code.

(Doctor's Signature) (Please Print Name) (Date)

_____(_____)_____
(Phone Number)

We hereby waive any liability whatever to the school or the Archdiocese of Detroit or any of its personnel, that might occur as the result of giving said medication in the indicated dosage at the time requested to our minor son/daughter/ward.

PARENT/GUARDIAN

(Signature)

(Print Name)

DATE _____

(April 2017) *This form MUST accompany any medications being brought on to the event*