

St. Mary Magdalen Youth Ministry Ice Skating at Riverfront Rink

308 JUSTISON ST, WILMINGTON DE 19801
at the Justison Landing Green, located on the Riverwalk



My child (please print full name) _____ has my permission to attend the Ice Skating event at the Riverwalk on January 21, 2018 from **2pm – 4pm** (meet at Riverwalk Rink. Transportation is not provided but carpooling is encouraged. The cost of the trip is \$12.50 per youth which includes entry and skate rental. If you have your own skates then you do not need to pay \$4 for the rental.

I understand that the participants will travel via parents' cars to/from the event. I hereby give my permission for my child to attend said event and I understand that my child will be chaperoned by responsible cleared adults. I understand that SMM, the Diocese of Wilmington and its staff are committed to providing fun, safe, educational experiences and that CYM events are conducted in smoke-, alcohol-, and drug-free environments. In light of this, and to help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol, or tobacco products, engages in illegal, immoral, or offensive behaviors, or refuses to follow the directions given by parish staff or volunteers while participating in this activity, I will be contacted immediately to pick up my child. As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event. By my signing this, I release SMM Staff, The Office for Catholic Youth Ministry, additional chaperones, and the Diocese of Wilmington from any and all liabilities and waive all claims against them. I also give my permission for the event coordinator and other qualified cleared adults to obtain proper medical treatment for my child should it become necessary.

Insurance Carrier/Policy Number _____ Insurance company phone number _____
Prescription meds taken regularly* _____ Other medication taken regularly _____
Emergency Contact name/number _____

We have this information for you on our annual form A, but please provide your cell number if you are not joining us on the trip! Cell Number _____ If necessary, the group leader is permitted to administer the following over the counter medications to my child: Advil Tylenol Motrin Aleve Halls (cough drops) Claritin/Zyrtec Benadryl Robitussin (cough syrup) Other (please specify) _____

Signature of Parent/Guardian: _____ Printed Name _____ Relationship to Participant: _____ Date: _____ Parent E-mail for pre-trip information: _____

*If Prescription Medication is indicated, Form C is required.