

# St. Mary Magdalen Youth Ministry

## Ice Skating at Riverfront Rink

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**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.