

SKI TRIP on February 12, 2012

Ski Time – 3:00 pm until 9:00 pm

Please check your Snow Activity:

Ski –

_____ Lift Ticket, Lesson & Ski Rental (\$ 25)
_____ Lift Ticket & Lesson (no rental) (\$ 22)

Tubing: 4 pm – 8 pm

_____ 2 hours (\$ 15)
_____ 3 hours (\$ 19)

Snowboard –

_____ Lift Ticket & Snowboard Rental (\$ 40)
_____ Lift Ticket & No Board Rental (\$ 22)

_____ **ADD \$6.00 for BUS COSTS for ANY STUDENT not in our Religious Ed. Program**

Holy Rosary Religious Education – GREEN BAY DIOCESAN PERMISSION FORM AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize treatment, administration of anesthesia surgical treatment(s) for my minor son/daughter, _____, in the event of a medical situation occurring during my absence or when the hospital or physician(s) and nursing personnel within the hospital or employed by the physician as well as any physician and physician's staff where treatment is rendered in the physician's office determine such treatment to be necessary. I release from medical responsibility and liability the hospital, physicians(s) and nursing personnel for performing medical procedures acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child.

Signed this _____ day of December, 2012 and valid until the end of the event.

Signature of Parent/Guardian

LIABILITY RELEASE

In consideration of Holy Rosary's Religious Education arranging for a Ski Trip to Sunburst Recreation Area, the undersigned parent of _____, a minor, hereby releases and agrees to hold harmless the Diocese of Green Bay or any of its advisors, chaperones or persons connected with the event from liability, claims or damages for personal injury, property loss or other damage which may result during the event. The undersigned, _____, hereby agrees to abide by the rules established for the event.

Dated the _____ day of December, 2012

**Signature of Parent/Guardian
of Parent/Guardian**

Signature

Please complete the following:

Name: _____ Phone: _____

Address: _____

Name of Parents/Guardians: _____ Phone: _____

Work Phone Number of one/both Parents: _____

Insurance Company: _____ Policy No.: _____