

St. Mary Magdalen Youth Ministry Hayride and Evening at Rasmey Farm

500 Ramsey Road, Wilm, DE, 19803 (look for the farm's red arrow signs.)



My child (please print full name) _____ has my permission to attend the Hayride + Corn Maze + Bonfire evening event at Rasmey Farm on Saturday October 21, 2017 from 5:30pm (meet at farm) until 8:30pm. Transportation is not provided but carpooling is encouraged. The cost of the trip is \$12 per child which includes entry and dinner (S'mores too).

This form and the trip fee are due by October 16th by 4pm to the parish office or Kat Edwards.

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.

We need cleared adults to chaperone this trip: __Yes, I am able to chaperone if needed! E-mail _____