

# Water World

*Catholic Youth Day*

**Wednesday, July 9th**

**WHO:** Teens in grades 7<sup>th</sup> – 12<sup>th</sup> *(friends welcome!)*

**WHAT:** Join other Catholic youth for fun in the sun!

**WHEN:** Wednesday, July 8<sup>th</sup>  
9:30 a.m. to 7:30 p.m.

*RSVP to Haley ASAP! Must have 4 participants to go!*

**WHERE:** Drop off & Pick up @ All Souls Youth House

**COST:** \$25.00 per person – CASH ONLY!!

*(admission regularly \$33.95)*

*Price includes admission, transportation, and chaperone fee. Lunch, dinner, and rentals at your own expense.*

*Parents – please join us! If you would like to attend as a family, it's only \$21 per ticket!*



**All Souls Youth Ministry**

www.allsoulsyouthgroup.org  
4950 S. Logan St.  
Englewood, CO 80113  
720.833.2771



**SEPCIAL EVENT AUTHORIZATION**

All Souls' youth program is planning an activity away from the parish property. We welcome your student(s) to participate in this event, but first you must review and sign this authorization.

**\*\*\* Please bring this form and CASH payment with you for the event. \*\*\*  
RSVP to Haley A.S.A.P.! Four teens needed or trip will be canceled.**

Activity: **Water World Day**

Date: **Wednesday, July 8, 2009**

Start Time: Drop off at **9:30 a.m.**

Start Location: **All Souls Youth House**

End Time: Pick up at **7:30 p.m.**

End Location: **All Souls Youth House**

Cost: **\$25.00** – CASH ONLY. Price includes admission, transportation, and chaperone fee. Lunch, dinner, and rentals are at your own expense. We will stop for dinner on our way home from the water park.

Transportation: **Personal Vehicles of Event Supervisors**

Supervisor(s): **Haley Timmons, Archdiocesan Youth Ministers, Adult Volunteers**

Youth's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List any health concerns, allergies, physical limitations, or medications:

I understand and acknowledge that participation in this retreat involves inherent risk of injury to my child, including risks associated with transportation by motor vehicle. I acknowledge that this vehicle may be operated by a volunteer driver.

I authorize the Designated Supervisor(s) of this event to authorize and consent to any medical care for my child that he or she believes necessary, including, but not limited to, hospitalization or surgery. I agree to pay any expenses related to such medical care. I understand and acknowledge that the Designated Supervisor(s) of the event will attempt to obtain my permission by phone before authorizing or consenting to any medical care for my child if time and conditions permit. I understand and acknowledge that any medical expenses related to illness or injury to my child while on this event are not covered by any insurance program maintained by the Archdiocese of Denver, and that I am primarily responsible for such expenses.

As a parent or legal guardian, I remain legally responsible for any personal actions taken by the above named minor.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the above named parish, its officers, directors and agents, and the Archdiocese of Denver, chaperones, or representatives associated with the event arising from or in connection with my child attending the event or in the parish, its officers, directors and agents, and the Archdiocese of Denver, chaperones, or representatives associated with the event for reasonable attorneys fees and expenses arising in connection therewith.

I hereby consent to my son or daughter's participation in this event. I have carefully read this Special Event Authorization, and I understand and agree to each of the covenants and conditions set forth above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature