

# Family Ski/Tubing Trip at Mt. Kato, Sun., February 25, 2:00-5:00 PM

Come skiing and tubing on a winter afternoon and join the fun!

**Registration and fee must be in by February 22 by 6:30 PM to Faith Formation Office, Parish Center**



Dear Parent or Legal Guardian,

Your son/daughter is eligible to participate in parish sponsored Family Ski Trip requiring transportation to location away from the church premises. A brief description of the activity as follows:

**Name of Event: Family Ski Trip**

**Destination: Mt. Kato**

**Designated Supervisors/drivers: Kayla Greiner/Parent Volunteers**

**Dates/Times: Sunday, February 25 Depart 1:30 pm. Return approximately 5:30 pm**

**Method of Transportation: Parent Volunteers**

**Cost:** Must have a minimum of 15 people for skiing and 10 people for tubing *to get the group rates* of \$19 for ski or snowboard rental, \$21 for lift ticket, \$4 for helmet; 3 hr session for tubing \$18. Price will be different if minimum is not met. Extra money to purchase snacks and beverages or bring your own.

In consideration of the opportunity for my child to participate, and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Sacred Heart Church, the Diocese of Winona, its agents, employees and officers and the chaperones, leaders, organizers, and sponsors and people transporting our child to and /or from these activities.

I hereby consent to participation by my child \_\_\_\_\_ in the event described above. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In the event of an emergency and I/we cannot be contacted, I/we hereby authorize that emergency treatment may be administered. **(Please include a copy of your medical insurance card, both sides, with this form)**

The following are special circumstances regarding my child which you should be aware of \_\_\_\_\_

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Participant: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_