

GOSPEL ROAD 2010



ARE YOU READY!

**GOSPEL ROAD 2010
WILL BE
SUNDAY—FRIDAY,
JULY 11—15, 2010.
GRADES 10, 11 AND 12.**

**WE ARE HEADED TO
CRANKS CREEK AGAIN
THIS YEAR!**

**GET YOUR
RESERVATIONS IN
ASAP!**

**WE WILL ONLY BE TAKING 25 STUDENTS THIS YEAR, SO DON'T DELAY!
PRIORITY WILL BE GIVEN TO THOSE STUDENTS THAT ARE ATTENDING
FUNCTIONS ON A REGULAR BASIS THROUGHOUT THE YEAR AND HAVE
TURNED IN THE \$50 NON-REFUNDABLE DEPOSIT
AND MEDICAL/LIABILITY FORM.**

**ONCE YOUR RESERVATION IS IN WITH THE ATTACHED MEDICAL LIABILITY
FORM, AND DEPOSIT, WE WILL SEND REGISTRATION PACKETS
WITH FURTHER INSTRUCTIONS AND INFORMATION.**

**PLEASE COMPLETE THESE AS SOON AS POSSIBLE. ANY QUESTIONS, CALL
LINDA HALL,**

**YOUTH MINISTER @ 614-882-2537 OR EMAIL @
stpaulyouthministry@yahoo.com or stpaulyouthministry@gmail.com**

ACTIVITY—GOSPEL ROAD **AMT DUE** **\$225.00** **PAID**_____

LOCATION—CRANKS CREEK, KENTUCKY **DEPOSIT**_____ **DATE**_____

DATE AND TIME—SUN – FRI, JULY 11-15, 2010

**CATHOLIC DIOCESE OF COLUMBUS LIABILITY/MEDICAL FORM
PLEASE RETURN AT LEAST TWO WEEKS BEFORE SCHEDULED EVENT**

Name of Participant _____ Age _____ Grade _____

Address _____ Zip Code _____

Phone _____ Cell Ph _____

E-Mail _____

Parish-St. Paul the Apostle Catholic Church, 313 North State Street, Westerville, Ohio. 43082,

614-882-2537 Name of Adult Leader---Linda Hall, Youth Minister

EMERGENCY CONTACT INFORMATION

Parent or Guardian _____

Address _____

Phone(s) _____

Chronic Conditions (e.g. Allergies, Epilepsy, Diabetes) _____

Medications _____

Medical Insurance _____ Policy Number _____

Address _____ Phone (____) _____

Member's Name _____ Phone (____) _____

Family Doctor _____ Phone (____) _____

RELEASE AND INDEMNIFICATION AGREEMENT

A. As the above-named participant, I hereby register for and commit to attend _____ (the "activity"). I further agree to the terms of this Release and Indemnification Agreement, and I agree to comply with the Code of Behavior set forth below.

B. As a parent or guardian of the above-named participant, I give my permission for my child or ward to register for and attend the activity.

C. The undersigned release from all liability, and indemnify and hold harmless St. Paul the Apostle Catholic Parish/school, the Diocese of Columbus and any employee, agent or representative thereof from any and all liability, actions, causes of actions, claims, judgments, costs or expenses, arising out of or in any way related to injury, illness or loss incurred by the participant while participating in or traveling to or from this activity.

CODE OF BEHAVIOR

1. Participants must stay and participate in the entire event. Participants may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
3. Foul language is not tolerated.
4. Participants must heed any and all directions of activity staff.
5. Participants must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the participants involved and the participant's parents/legal guardians.
6. Failure to abide by this Code of Behavior may result in a request to parents/legal guardians, to transport offending participants from the premises, and the parents/legal guardians shall immediately comply with the request.

I HAVE READ AND UNDERSTAND ALL CONTAINED IN THIS AGREEMENT

Participant's Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____