

BIG CHANGES FOR 2024

EVANSVILLE'S WEST SIDE CATHOLIC YOUTH

**HOLIDAY
WORLD
TRIP**

**CHECK OUT THE
NEXT PAGE FOR
UPDATED TRIP
DETAILS!**

**JUNE 5TH
6TH-12TH GRADERS**

**HOLY REDEEMER, ST. JOE (COUNTY), ST. BONIFACE, CORPUS CHRISTI,
ST. PHILIP, ST. WENDEL, ST. FRANCIS XAVIER, RESURRECTION**

GROUP RATE ONLY APPLIES

TO THOSE THAT REGISTER WITH THEIR PARISH

PARISH CONTACT:

**SHERIE COOLEY 765.427.8199
SCOOLEY@EVDIO.ORG**

**Holiday World
& Splashin' SAFARI**

SEE NEXT PAGE FOR UPDATES!

TRIP BASICS **NEW!**

HOW MUCH? NEW THIS YEAR! ALL YOU CAN EAT BUFFET LUNCH FOR JUST US!

\$60 - STUDENT PRICE (PARK TICKET WITH GROUP RATE + BUS + LUNCH)

\$35 - STUDENT SEASON PASS HOLDER PRICE (LUNCH + BUS)

\$45 - CHAPERONE RATE (TICKET + LUNCH + BUS (IF NEEDED))

\$20 - CHAPERONE WITH SEASON PASS (LUNCH + BUS (IF NEEDED))

HOLIDAY WORLD IS **CASHLESS!** WANT TO BRING ADDITIONAL MONEY?
PLEASE BRING A PRE-PAID CREDIT CARD OR PLAN TO EXCHANGE CASH
FOR A HOLIDAY CARD AT A KIOSK ON SITE.

LUNCH BUFFET

BURGERS
HOT DOGS
BBQ
MAC N CHEESE
BAKED BEANS
CHIPS, VEGGIES
COOKIES

WHEN IS REGISTRATION AND MONEY DUE?

» MAY 13TH «

LATE REGISTRATIONS CANNOT BE TAKEN.

MAY 13TH IS THE LAST DAY TO TURN IN REGISTRATION AND PAYMENT.

HOW LONG? DROP OFF AT 7:30AM - RETURN AT 7:00PM

WHAT DO I BRING?

- **MONEY FOR A LOCKER AT SPLASHIN' SAFARI (\$20) 'OPTIONAL**
- **A ONE PIECE BATHING SUIT, TANKINI, BOARD SHORTS**
(SWIMSUITS THAT TIE TOGETHER WITH STRING ARE NOT ALLOWED ON THIS TRIP)
- **ANY EXTRA MONEY YOU WILL NEED FOR SNACKS + SOUVENIRS**

DRINKS AND SUNSCREEN ARE FREE. AT HOLIDAY WORLD.

WHAT'S EXPECTED OF OUR STUDENTS?

- **TO BE RESPECTFUL TO PARK STAFF, CHAPERONES, EACH OTHER, AND YOUR TRIP LEADER**
- **TO CONDUCT YOURSELVES IN A WAY THAT BRINGS THE LIGHT OF CHRIST TO EVERYONE YOU MEET AT THE PARK.**
- **TO REMEMBER THAT YOU ARE REPRESENTING YOURSELVES, YOUR FAMILY, YOUR SCHOOL, YOUR CHURCH, YOUR PASTOR, AND GOD.**

**WE DO NOT EXPECT ANY DISCIPLINARY ISSUES ON THIS TRIP. IF SUCH A THING OCCURS,
PARENTS WILL BE CALLED FOR PICK UP AT THE PARK**

ARE CHAPERONES NEEDED?

IF SO, WHAT ARE THE EXPECTATIONS FOR CHAPERONES?

YES! PLEASE REGISTER USING THE SAME FORM AS YOUR STUDENT(S).

- **CHAPERONES WILL KEEP AN EYE ON ANY STUDENT FROM OUR GROUP.**
- **CHAPERONES WILL HELP THE TRIP LEADER COUNT STUDENTS WHEN IT IS TIME TO LEAVE THE PARK.**
- **ATTEND CHAPERONE MEETING IN THE MORNING AT YOUR DROP OFF LOCATION.**

WHERE DO THEY NEED TO BE AND WHAT TIME?

RESURRECTION @ 7:30AM FOR RESURRECTION, ST. WENDEL/ST. FRANCIS, ST. JOE

CORPUS CHRISTI @ 7:30AM FOR CORPUS CHRISTI, ST. PHILIP

HOLY REDEEMER @ 7:30AM FOR HOLY REDEEMER & WESTSIDE CATHOLIC

WHAT IF...?

**THIS TRIP WILL HAPPEN RAIN OR SHINE.
NO REFUNDS CAN BE GIVEN AFTER MAY 13TH.**

THIS FORM AND PAYMENT DUE NO LATER THAN MAY 13TH

**EVANSVILLE'S WEST SIDE CATHOLIC YOUTH
REGISTRATION FORM**

**THIS FORM, DIOCESAN WAIVERS AND PAYMENT IS DUE
NO LATER THAN MAY 13TH
TO YOUR PARISH TRIP COORDINATOR.**



NAME OF STUDENT/CHAPERONE REGISTERING AND COST OF TICKET-

1. _____, ____ Student/Chaperone
2. _____, ____ Student/Chaperone
3. _____, ____ Student/Chaperone
4. _____, ____ Student/Chaperone
5. _____, ____ Student/Chaperone

TO ACCESS THE GROUP RATE FOR THIS TRIP, STUDENTS MUST RIDE THE BUS TO THE PARK.

ALTERNATIVE TRAVEL ARRANGEMENTS MUST BE APPROVED WITH YOUR PARISH LEADER IN ADVANCE.

EMERGENCY CONTACT:

CONTACT PHONE NUMBER IS: _____

ADULT CONTACT EMAIL ADDRESS: _____

FOR ADULTS CHAPERONING THE EVENT:

Adult chaperones' relation to child attending event _____

Will the adult chaperone prefer to ride the bus or drive separate? _____

Adult chaperone mobile phone number _____

**TRIP
REMINDERS**

**DROP OFF AT 7:30AM
- RETURN AT 7:00PM**

Alternative travel arrangements must be approved with your parish leader in advance.

Diocesan Waiver & Medical

EVENT: WESTSIDE YOUTH MINISTRY HOLIDAY WORLD TRIP

DATE: JUNE 5, 2024

NAME _____ AGE _____ GRADE _____

HOME PARISH/SCHOOL PROGRAM _____ CITY _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

GUARDIAN'S NAME (PRINTED) _____ PHONE _____

IF GUARDIAN CANNOT BE REACHED, CALL

NAME _____ PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

INSURANCE CARRIER _____ CARRIERS PHONE _____

POLICY # _____

LIST ANY CHRONIC OR EXISTING DISEASES, ALLERGIES, OR MEDICAL PROBLEMS (E.G. DIABETES, EPILEPSY, PEANUT ALLERGY):

LIST ANY INSTRUCTIONS FOR CARE OF THE ABOVE IF NECESSARY OR ANY MEDICATIONS TAKEN ON A REGULAR BASIS:

PLACE "X" HERE _____ IF IT IS NOT ACCEPTABLE FOR YOUR CHILD TO BE PROVIDED OVER-THE-COUNTER MEDICATIONS (E.G., COMMONLY USED PAIN MEDICATIONS).

ARE PARENTS LIVING TOGETHER? YES ___ NO ___ WITH WHOM DOES CHILD LIVE? _____

IS THERE ANYONE WHO BY COURT ORDER OR DECREE IS DESIGNATED AS THE PRIMARY OR SOLE CUSTODIAL PARENT?

NAME ANYONE WHO HAS BEEN RESTRAINED FROM PICKING UP THE CHILD _____

I UNDERSTAND IT IS MY RESPONSIBILITY TO INFORM THE YOUTH MINISTER ABOUT SUCH MATTERS AND TO PROVIDE RELEVANT COURT ORDERS AND DECREES TO OFFICIALS.

WAIVER FOR THE CATHOLIC DIOCESE OF EVANSVILLE

I/WE, THE PARENT(S)/GUARDIAN(S) OF THE ABOVE-NAMED YOUTH, HEREBY GIVE MY/OUR APPROVAL FOR HIS/HER PARTICIPATION IN THIS TRIP. I/WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES AND TRANSPORTATION TO AND FROM THE EVENT. I/WE DO FURTHER HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY, AND HOLD HARMLESS THE BISHOP OF THE CATHOLIC DIOCESE OF EVANSVILLE, MY PARISH, MY PASTOR, AND ANY OF THEIR RESPECTIVE AFFILIATES, SUCCESSORS, AGENTS, EMPLOYEES, MEMBERS, AND REPRESENTATIVES, ADULT SPONSORS, AND OTHER VOLUNTEERS INVOLVED IN THE ACTIVITIES AND TRANSPORTATION ASSOCIATED WITH THE EVENT FROM ANY AND ALL CLAIMS, INCLUDING CLAIMS OF PERSONAL INJURY TO MY/OUR YOUTH OR PROPERTY DAMAGE, UNDER ANY THEORY OF LAW (INCLUDING NEGLIGENCE, BUT NOT RECKLESS OR INTENTIONAL CONDUCT) IN ANY WAY RESULTING FROM OR ARISING IN CONNECTION WITH THE ACTIVITIES AND/OR TRANSPORTATION TO AND FROM THE EVENT. IT IS UNDERSTOOD AND AGREED THAT NEITHER THE PARISH, THE CATHOLIC DIOCESE OF EVANSVILLE, ANY RESPECTIVE AFFILIATE, SUCCESSOR, AGENT, EMPLOYEE, MEMBER, REPRESENTATIVE, ADULT SPONSOR, NOR OTHER VOLUNTEER IS THE INSURER OF MY CHILD'S HEALTH AND SAFETY WHILE HE/SHE IS AT YOUTH FUNCTIONS, ENGAGED IN SUPERVISED ACTIVITIES, INCLUDING SPORTS, OR BEING TRANSPORTED IN ASSOCIATION WITH THE EVENT. I/WE UNDERSTAND IT TO BE MY/OUR OBLIGATION TO PROVIDE SUCH INSURANCE AS I/WE MAY DESIRE TO PURCHASE TO PROTECT MYSELF/OURSELVES AND MY/OUR CHILD AGAINST THE COSTS OF SICKNESS OR INJURY. IN CASE OF EMERGENCY OR SERIOUS ILLNESS, SHOULD THE ABOVE-NAMED CHILD REQUIRE MEDICAL TREATMENT, AND NEITHER A PARENT NOR THE DESIGNATED FAMILY PHYSICIAN CAN BE CONTACTED, CONSENT IS HEREBY GRANTED FOR SUCH MEDICAL TREATMENT AS MAY BE CONSIDERED NECESSARY IN THE OPINION OF THE ATTENDING PHYSICIAN. I UNDERSTAND THAT MY SIGNATURE RELIEVES DIOCESAN AND/OR PARISH PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF ANY PRESCRIBED MEDICATION ATTACHED TO THIS FORM (INCLUDING OVER-THE-COUNTER DRUGS). FURTHER, I/WE ACKNOWLEDGE HAVING READ, OR BEEN MADE AWARE OF THE DIOCESAN YOUTH AND/OR ADULT CODES OF CONDUCT, THE DIOCESAN RELEASE FOR MEDIA RECORDING, AND THE DIOCESAN OFF-SITE TRANSPORTATION POLICY, AND I/WE AGREE TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH IN THOSE DOCUMENTS (COPIES AVAILABLE VIA WWW.EVDIO.ORG/DIOCESAN-FORMS-FOR-OYAYA). I ACKNOWLEDGE AND UNDERSTAND THAT ANY ACTION ON BEHALF OF MY/OUR CHILD/DEPENDENT THAT IS INCONSISTENT WITH THE DIOCESAN CODE OF CONDUCT MAY RESULT IN APPROPRIATE DISCIPLINARY ACTION AS OUTLINED IN THOSE DOCUMENTS. I REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE, HAVE READ AND UNDERSTAND THE FOREGOING STATEMENT, AND AM COMPETENT TO EXECUTE THIS AGREEMENT.

++++++ Parent/Guardian must sign. ++++++

SIGNATURE _____ PRINTED NAME _____ DATE _____