

# Worlds of Fun

Attention all Current  
High School & Junior High (7/8) Youth!  
Join your friends for the annual trip to  
Worlds of Fun.



**Monday, June 3, 2019**

**6:30 a.m. - 9:30 p.m.** (Departure at 7 a.m.)

**\$80:** includes bus, gate admission,  
all day drink wristband, and lunch

**Leave from St. Robert Bellarmine Church**

(buses will meet and return here)

11900 Pacific Street (meet in cafeteria)

**Worlds of Fun - Kansas City, MO**

**Deadline - April 29, 2019**

**LIMITED SPOTS AVAILABLE!**

*Wait list individuals are not guaranteed a spot.*



There is limited space on the bus –  
return permission form and money as soon as possible.  
Spaces will not be reserved without form and money.

After deadline, refunds will only  
be issued if their spot is filled.

Checks payable to St. Robert Youth Ministry.  
Contact Kate Vazquez for more information at  
402-333-1959 or [kvazquez@stroberts.com](mailto:kvazquez@stroberts.com)

Interested in chaperoning? YES / NO NAME: \_\_\_\_\_

# St. Robert Bellarmine - Youth Ministry Event Permission Form

Kate Vazquez – Coordinator of Youth Ministry  
kvazquez@stroberts.com

St. Robert Bellarmine  
11900 Pacific St

Phone – 402-333-1959  
Omaha, NE 68154

Participant's Name _____	Name of School _____
Date of Birth _____	Current Grade: _____
Participant's E-Mail _____	Participant's Cell Phone _____
Parent/Guardian Name(s) _____	Parent/Guardian E-mail _____
Street Address _____	City, State & Zip _____
Home Phone Number _____	

I, \_\_\_\_\_ Grant permission for my youth, \_\_\_\_\_  
 (Printed Parent or Guardian name) (Printed Youth's Name)  
 to participate in this St. Robert Youth Ministry event that is located away from the parish. A brief description of the event follows:

<b>Event:</b> Worlds of Fun
<b>Location:</b> Kansas City
<b>Date and Time:</b> June 3, 2019 6:30 a.m. – 10:00 p.m.
<b>Transportation:</b> Coach Bus
<b>Cost:</b> \$80

Circle 'A' OR 'B', NOT BOTH

a) **No medication** of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

b) I hereby **grant permission** for non-prescription medication (such as ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of physician _____	Office Phone _____
Insurance company _____	Policy Number _____

Any existing medical conditions an emergency physician would need to know (allergies, drug reactions) **YES or NO**

Explain \_\_\_\_\_

I hereby authorize a representative of St. Robert Bellarmine Youth Ministry to take my child to a physician or facility for medical treatment in the event of an emergency in which neither a parent nor the adult in whose care the minor has been entrusted can be reached. If the above named physician cannot respond, I authorize any physician or medical centers to treat my child.

If a parent or guardian cannot be reached, whom should we notify?

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I agree that my child shall abide by the rules and regulations outlined in the *St. Robert Youth Ministry Code of Behavior*. This form will be signed prior to departure. I agree that if my child fails to consistently abide by the *Code* or engages in a serious infraction of the *Code*, he or she may be immediately dismissed from the St. Robert Youth Ministry sponsored program and sent home at my expense. As parent and/or 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 heirs, successors, and assigns, to hold harmless and defend **St. Robert**, it's officers, directors and agents, the Archdiocese of Omaha, chaperones, or representatives associated with the event arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, the Archdiocese of Omaha, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

***The Code of Behavior has been developed to help all participants have a fun and safe event.***

**Parent or Guardian I agree to the above statements:**

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

\_\_\_\_\_  
Date

**Youth Participant:** I understand and agree to the St. Robert Youth Ministry Code of Behavior in order to partake on the trip. I also understand that my parent(s)/guardian will be notified for any event requiring my dismissal from the program and that transportation will be at their/my expense.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

All Forms are due to the Youth Ministry Office on or before April 29th, 2019