

St. Pat's Apostle Islands Sea Kayaking

Again this summer, St. Pat's will be taking 3 amazing, beautiful sea kayaking trips to the Apostle Islands on Lake Superior. No experience necessary and all equipment is provided. Whether you are a seasoned kayaker or a first timer, this trip will be one you will never forget.

We go through Crosswoods Adventure Ministries, a Christian organization specializing in experiencing God through the outdoors.



The 3 trips are designed with specific groups in mind.

Please check the box that applies to you.

Scholarship \$ available for all 3 trips. Space is limited to 12 for each trip

Graduated high school seniors—class of 2008

Friday, August 1st to Tuesday, August 5th

All currently in college

Friday, August 8th to Tuesday, August 12th

Young adult—post college

Friday, August 15th to Tuesday, August 19th

Cost for all trips: \$200 by June 1st—\$250 after June 1st
Contact Nicole or to sign up turn in form and \$100 deposit.

Contact Nicole at nstecklein@stpatrik-edina.org or facebook

**St. Pat's Apostle Islands Sea Kayaking
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT
More forms available at <http://youth.stpatrick-edina.org/>**

Date: _____

Participant's Name: _____ Grade: _____ Sex: _____ Birth Date ____/____/____

Parent/Guardian's Name: _____ -- _____

Business Phone: _____ Home: _____ Cell: _____

Home Address: _____ Zip: _____

Participant Email: _____

Parent Email: _____

Date of Event/Field Trip: August _____ Type of Field Trip: Sea Kayaking the Apostle Islands

Destination: Lake Superior/specific meeting location TBD

Individual(s)/Teacher(s) in Charge: Nicole Stecklein or April Miller

Estimated Time of Arrival: TBD

Return : TBD

Mode of Transportation To & From Event: Minivan or cars

Student Cost: \$200 before June 1st; \$250 after June 1st

I, _____, grant permission for _____

Parent or Guardian Name

Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the **parish/school** and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the **parish/school** /Archdiocese of St. Paul & Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

By signing this form, I allow my child's photo to be posted online at St. Patrick's youth ministry website and understand that no names or personal information will be given out online.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

Name Phone Number

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present _____

Allergies _____

Other Medical Conditions _____

Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature

Date

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