



Magic Mountain 2002

Hey High School Teens-The Info:

Departure:

1:30am, Monday, June 10

Arrival Home:

6am, Wednesday, June 12

Total Cost:

\$120.00/Paid in Full by Sun., June 2

Non-Refundable Deposit:

\$25.00 due by Sunday, May 19

Cost Includes:

- One Night Hotel Accommodation
- A day in the sun in Newport Beach
- Coach Bus Transportation
- Entrance Into Magic Mountain
- Awesome LIFE Teen Shirt
- Space is Limited. Sign-Up Now!

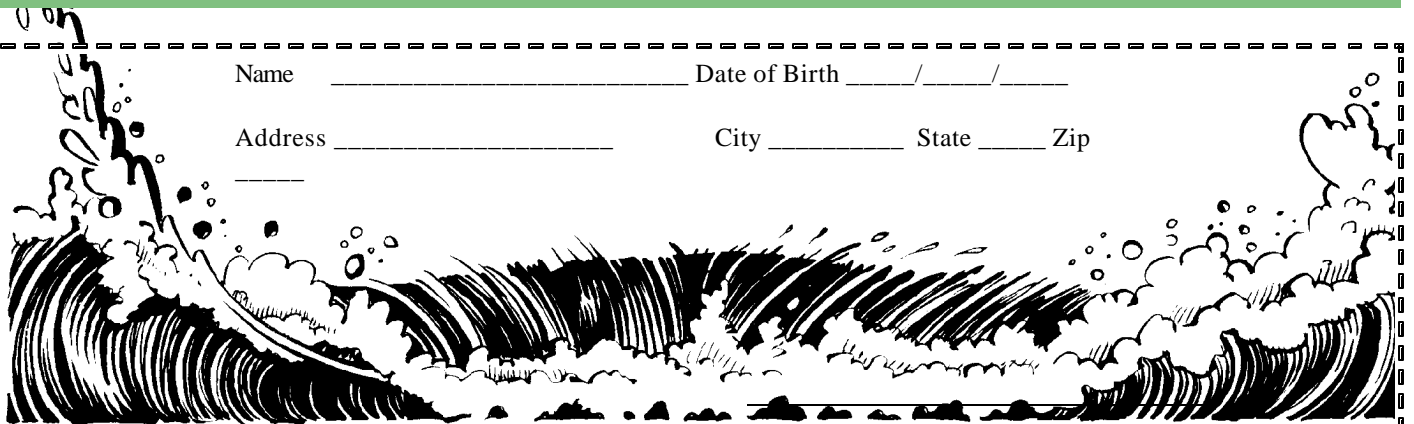


*Join us for Two Days of Fun in the
California Sun!*

June 10-12, 2002 \$120.00

Name _____ Date of Birth ____/____/____

Address _____ City _____ State _____ Zip _____



St. Theresa Parish LIFE Teen Program

Parental Consent/Release Form Magic Mountain 2002

PARTICIPANT'S NAME _____ AGE _____ BIRTH DATE ____/____/____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE NUMBER _____ PARENTS BUSINESS PHONE _____

Please Check One: Youth Adult Chaperone Group organizer

I request my son/daughter, _____, be permitted to participate in the Magic Mountain California Trip, June 10-12, 2001 which is sponsored by the St. Theresa LIFE Teen Program.

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this event and that I will be notified as soon as possible in the event of an emergency.

In the event of sickness or accident, I will not hold the Diocese of Phoenix, St. Theresa Parish, St. Theresa LIFE Teen program or the youth group leaders responsible. In the case of sickness or an accident, I authorize and consent to any X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment under the general or specific supervision, and on the advice of any physician, dentist or surgeon licensed to practice in the State of Arizona or any other state. I further understand and agree that any such medical, dental, or hospital expenses incurred shall be at my expense.

My child agrees to abide by all the roles and regulations stated at the event. I understand that the Diocese of Phoenix, St. Theresa Parish, St. Theresa LIFE Teen program or the youth group leaders will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the conference at my expense.

Parent's/Guardian's Signature _____ Date _____

Insurance Company Name _____ Insured Name _____

Insurance Policy # _____ Physician & Phone # _____

EMERGENCY PHONE #1 _____ NAME _____

EMERGENCY PHONE #2 _____ NAME _____

Please note any health or allergy conditions which would effect his/her participation or which should be given to an attending physician, dentist or surgeon: