

St. Raphael's Youth Ministry  
**LIFE TEEN INSPIRATION TOUR**  
**AT MAGIC MOUNTAIN**  
Featuring Matt Maher Band

Saturday, November, 7<sup>th</sup>  
Bus leaves at 7:30 from St. Raphael's and returns at 11:00pm approx.  
THIS COUNTS FOR A CONFIRMATION YOUTH DAY

2:00pm LIFE TEEN MASS IN THE GOLDEN BEAR THEATER  
6:00pm – 9:00pm LIFE TEEN CONCERT AND SPEAKERS  
FOR STUDENTS IN GRADES 9-12

Cost is \$65.00 Before October 15 & \$75.00 After October 15  
Bring a sack lunch (optional) and money for food.  
FIRST COME...FIRST SERVE (No refunds after October 15)

Tear Off Here and Return By October 15

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Magic Mountain Trip - November 7th, 2009  
Return Bottom Trip Registration & Fees Due By October 15th  
Make Checks Payable To: St. Raphael's Youth Ministry

The undersigned does hereby give permission for our (my) student, \_\_\_\_\_, to attend THE Magic Mountain Inspiration Tour. I agree to direct my child to cooperate and conform with directions and instructions of the supervisory personnel in charge of the field trip. Should it be necessary for my child to have medical treatment while participating on this trip, I hereby give the parish personnel permission to use their judgment in obtaining medical service for my child and I give permission to the physician selected by parish personnel to render medical treatment deemed necessary and appropriate by the physician.

I agree that in the event my child is injured as a result of his or her participating in this above named youth activity, including transportation to and from such activity, whether or not caused by the negligence (active or passive) of the parish or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.

I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student Name (Print) \_\_\_\_\_ Students Cell: \_\_\_\_\_

I agree to allow pictures to be taken of my child and possibly posted on our web site.

Signature \_\_\_\_\_