

*St. Raphael's Youth Ministry*  
**LIFE TEEN MAGIC MOUNTAIN DAY**  
**INSPIRATION TOUR**

**FEATURING: THE MATT MAHER BAND, Mark Hart, Matt Smith**

**\*Saturday, November, 8<sup>th</sup>. Arrive at 7:15**

**Bus leaves at 7:30 AM from St.**

**Returns at 11:00 PM (approx)**

**THIS COUNTS FOR A CONFIRMATION YOUTH DAY**

**2:00 LIFE TEEN MASS IN THE GOLDEN BEAR THEATER**

**\*6:00 PM – 9:00 PM LIFE TEEN CONCERT AND SPEAKERS**

**\*FOR STUDENTS IN GRADES 9-12**

**SIGN UP NOW...LAST YEAR IT WAS SOLD OUT !!!!!!**

**\*COST IS .....\$65.00 Before October 15<sup>th</sup>**

**COST IS.....\$75.00 After October 15<sup>th</sup>.**

**\*Bring A Sack Lunch (optional) AND MONEY FOR FOOD**

**\*FIRST COME..FIRST SERVE.... (No refunds after OCTOBER 15<sup>TH</sup>.)**



**Tear Off Here and Return By October 15<sup>th</sup>.**

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**Magic Mountain Trip**  
**November 8th, 2008**

**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, (student's name) \_\_\_\_\_, 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 or 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 \_\_\_\_\_

# **RULES FOR MAGIC MOUNTAIN DAY**

**EVERYONE MUST BE IN A GROUP OF 5 OR MORE**

**STAY IN YOUR GROUP AT ALL TIMES**

**CHECK IN IS BETWEEN 1:00 AND 2:00 AT THE CAROSEL (YOU MUST CHECK IN)**

**IF YOU GET SEPERATED FORM YOUR GROUP GO TO THE CAROSEL AN ADULT WILL ALWAYS BE THERE**

**IN CASE OF AN EMERGENCY CALL MY CELL 708-5130**

**IF YOU DON'T FEEL WELL GO TO FIRST AID AND CALL ME**

**I WILL HAVE INSTRUCTIONS WHERE TO MEET FOR THE EVENING EVENT WHEN YOU CHECK IN BETWEEN 1:00 AND 2:00**

**HAVE FUN!!!! BE SAFE!!!!!!!!!!!!**