

St. Cassian Church Office of Evangelization  
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(973) 744 – 2850

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in an activity sponsored by the Church requiring transportation to a location away from the Church building. This activity will take place under the guidance and supervision of employees of St. Cassian Church. A brief description of the activity follows:

Description of What Will Take Place:

**Name of Event:** *NJ State Youth Rally @ Six Flags (Mass, Rides, and More!)*

**Destination:** 1 Six Flags Blvd, Jackson, NJ

**Designated Supervisor of Activity:** Lee Ann Rivera

**Meeting Time and Location:** Sunday, May 20, 2018 at 8:00am (Meet in Larkin Hall)

**Estimated Pick-up Time:** Sunday, May 20, 2018 between 9:00pm and 9:30pm (Youths will call/text en route).

**Method of Transportation:** School Bus

**Deposit:** \$65 includes park entrance, transportation, breakfast, lunch, dinner, and return ticket

*\*Return ticket will be given at the lunch buffet. This ticket can be used on a future visit. (Dates TBA).*

**\*\*Youth Group shirts must be worn and may be purchased for \$15.**

**\*\*Permission slips and credit card payments will be available on the parish website until the deadline date. To cover the costs billed to the Church, a \$1.50 processing fee will be charged for online purchases.**

**FLASH Pass Discount Option:** Participants are offered the option to purchase a FLASH Pass that minimizes the time waiting on long lines (\$45). Participating in fundraising efforts will help off-set these costs. In addition to participating in fundraising efforts, forms and deposits must be submitted by Fri., Nov. 17, in order to receive a FLASH Pass discount, as a final count is needed. *Final payment for the FLASH Pass will be due 4/1/18 (Ticket deposit of \$65 is due Fri., Nov. 17 with permission slip).*

Highlighting our youth involvement in our youth ministry and recognizing their accomplishments increases motivation and promotes self-esteem. We are requesting your permission to release your child's photo and/or video for Church use including our website, social media, and to the local news media. If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

Forms and \$65 deposit must be returned to your teacher, or dropped off at the Parish Center by **\*\*\*Fri., Nov. 17, 2017\*\*\***

**Activity: NJ Youth Rally @ Six Flags**

**Date: 5/20/18**

I request that my child, \_\_\_\_\_, participate in the event described above. I understand that this event will take place away from the Church grounds and that my child will be under the supervision of the designated Church employee or volunteer on the stated dates. I further consent to the conditions stated above on participation on this event, including the method of transportation and use of photo and video.

I understand and agree that in the event that my child should suffer injury of any sort while participating in the event described above, unless such injury is solely caused by their intentional conduct, I agree to hold harmless, and not to pursue any claims against the Church/Church group sponsoring this activity, or any of its agents, servants, or employees, as a result of such injury.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent's Name: \_\_\_\_\_ Interested as chaperon (\$55): **Yes No** Completed *Protecting God's Children*: **Yes No**

FLASH Pass for youth: **Yes No** FLASH Pass for chaperon: **Yes No** (Only \$65 due at this time from all youths).

If you need a t-shirt, please circle your size: **YL S M L XL 2XL** (*Chaperons should also include their shirt size*)

Are you planning to bring a cell phone? **Yes** (Youth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_, Chaperon: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_) **No**

Email(s) (to receive trip updates): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

CCD or SCS teacher (if applicable): \_\_\_\_\_

Allergies/Concerns: \_\_\_\_\_