

Horseback Riding Event for YM 456 and Jr. High Youth at Ft. Harrison State Park from 2:00 p.m. – 5:30 p.m. on Sat. May 9th

Everyone needs a permission slip. We will meet rain or shine at door C8).

We will meet by door C8 and carpool to the park where we have a private trail ride for about an hour. Then we will cook out, have a devotion, and play games in the park before coming back to school. Permission forms are on our website and need to be completed for every student that does not have a parent staying with them.



For \$15 you get the ride, meal, parking and transportation. Feel free to invite friends, we have 25 spots reserved. **Permission forms are on the youth bulletin board and our youth website.**

We'll also need a number of adult chaperones. Parents, please consider joining us, your cost is only \$5. Contact: John Durkin at church ext. 15, or e-mail jdurkin@stjohnindy.org.

(Please return this form to the church office by Friday, May 8th with \$15 payable to St. John Youth)

I hereby give my son/daughter(s) _____ permission to
(Youth's Name)

attend the Youth Ministry event: _____ on _____
(Event Name) (Event Date)

This signed agreement absolves the chaperones of St. John Lutheran Church of any responsibility for the safety and well being of the child named above, beyond such matters as may be called reasonable care for children in the custody of the chaperones and subject to their clear instructions, and assumes personally and exclusively all responsibility and liability for accident, injury, etc., which may occur to the above-named child during the time of the specific activity as set forth at the beginning of the paragraph.

In the event of an emergency where medical treatment is required I give permission to the church staff or chaperones to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

Home Phone Number: _____ Chaperone: (circle one) Y / N

Emergency Contact Number: _____ If yes, how many passengers can you take? _____

Comments or medical information:

Parent/Guardian Signature