



STM TO SUMMIT

Breckenridge, CO, Ski Trip March 13-17, 2027 (This is over spring break.)



(Is that Bill Kennedy?!)

WHO CAN GO?

Trip is open to all **registered members of STM Senior Youth Ministry.**

SCHEDULE:

Saturday, March 13 – Leave STM 8:00 a.m. (C.D.T.). Mass - Our Lady of Peace in Silverthorne 5:00 p.m. (M.D.T.)

Sunday/Monday/Tuesday, March 14, 15, 16 – ski, Group Time each night, grow in faith!

Wednesday, March 17 – Return to Manhattan, back approx. 7:00 p.m.

TRIP COST:

\$800 covers transportation, lodging, ski lift ticket, ski rental. (Food is on your own.)

I am not able to offer scholarships or reduced rates this year. :(

Parent Sponsors & Drivers Needed – Same Price \$800

FIRST PAYMENT and FORMS 2 & 3 (attached) DUE Nov. 1 (see payment options below :)

Make checks payable to **STM YOUTH MINISTRY**. For more information, please contact Rick Smith.

STM YOUTH MINISTRY SKI TRIP to BRECKENRIDGE, CO March 13-17, 2027.

Detach and return by Nov. 1, make check payable to: **STM YOUTH MINISTRY**

Student Name _____

_____ Full \$800 payment enclosed (\$400 for lift ticket is non-refundable)

_____ \$400 non-refundable deposit enclosed, pay final \$400 by January 10th

*Students complete and return FORMS 2 & 3 (attached) with first payment.

(optional)

Parent Sponsor/Driver _____

_____ Full \$800 payment enclosed (\$400 for lift ticket is non-refundable)

_____ \$400 non-refundable deposit enclosed, pay final \$400 by January 10th

3. STUDENT EVENT PERMISSION SLIP

Combination of:
• Form D
• Form D-1

This form is required for **EACH EVENT** and documents parent permission for the student listed below to participate in the event described. A completed copy must be maintained at the parish/school level. A copy must also be submitted to the Diocese of Salina, Office of Youth Ministry, for those participating in Diocesan Youth Ministry events.

1. EVENT INFORMATION

(To be completed by the parish/school staff)

Event Name: Ski Trip

Location: Breckenridge, CO

Dates: March 13-17, 2027

Cost: Total \$800: \$400 non-refundable lift ticket deposit by Nov 1; final \$400 payment by Jan 10

Return this form to: Rick Smith | Due November 1, 2026

2. TRANSPORTATION

(To be completed by the parish/school staff)

☒

The parish/school will provide transportation to and from this event.

☐

Parents are responsible for dropping off and picking up their child for this event.

☐

Other: _____

3. STUDENT INFORMATION

(To be completed by the parent/guardian)

Student Name: _____

Parish/Town: St. Thomas More, Manhattan

4. PARENT ACKNOWLEDGEMENT

(To be completed by the parent/guardian)

☒

There have been **no changes** to the medical information provided on the Annual Student Permission and Medical Form

OR

☐

There have been changes to my child's medical information.

Please explain: _____

By signing below, I give permission for my child to attend this event and consent to the transportation arrangements indicated above.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Phone Number: _____

2. STUDENT

INFORMATION & MEDICAL AUTHORIZATION

August 1, 2026- August 31, 2027

Combination of:

- Form B
- Form C
- Form D
- Form D-1

This is an **ANNUAL** student permission and medical form valid for all parish/school/youth ministry activities during the school year listed above. A new form must be completed each school year. A completed copy must be maintained at the parish/school level. A copy must also be submitted to the Diocese of Salina, Office of Youth Ministry, for those participating in Diocesan Youth Ministry events.

1. STUDENT INFORMATION

Student Full Name: _____

Parish/Town: St. Thomas More, Manhattan

Date of Birth: _____

2. MEDICAL INFORMATION

Please provide information we should be aware of to help keep your student safe.

Medical Conditions: ☐ None ☐ Yes- Please Explain / Include Medicine List:

Allergies: ☐ None ☐ Yes- Please Explain:

Dietary Restrictions or Special Dietary Needs: ☐ None ☐ Yes- Please Explain:

Anything Else We Need To Be Aware Of:

***Parents/Guardians will keep this medical authorization up to date with any changes during the year.**

Initial

3. EMERGENCY MEDICAL CONSENT

I hereby authorize adult staff or volunteers in charge of parish/youth ministry activities to seek and obtain emergency medical treatment for my child in the event that I cannot be reached. This authorization includes, but is not limited to, examination, treatment by a licensed physician, hospital care, and any procedures deemed reasonably necessary to protect my child's health or life. I understand that reasonable efforts will be made to contact me as soon as possible. I acknowledge and accept responsibility for all medical, surgical, and transportation expenses incurred.

Initial

4. PARTICIPATION & TRANSPORTATION PERMISSION

I grant permission for my child to participate in all parish/school/youth ministry activities during the school year listed at the top of this form. I understand that certain activities may take place away from parish or school property and may involve inherent risks, including risks associated with transportation and off-site activities. I further grant permission for my child to be transported to and from activities by church-owned vehicles or by private vehicles operated by approved adult staff or volunteers. I acknowledge that reasonable precautions will be taken to promote the safety and well-being of participants, and I consent to my child's participation and the methods of transportation described above. I agree on behalf of myself and my child named herein, and our heirs, successors, and assigns, to hold harmless and defend the parish or school, its officers, employees, volunteers, and the Diocese of Salina from claims, damages, or expenses arising from my child's participation in parish/school/youth ministry activities, unless such claims arise from the negligence of the parish, school or Diocese.

Initial

5. BEHAVIOR EXPECTATIONS

I understand that my child is expected to follow all parish/youth ministry behavior expectations. If my child does not meet these expectations, I understand that I may be contacted and required to pick up my child.

Initial

6. MEDIA

Photographs and video may be taken during parish, school, and diocesan activities for use in parish or diocesan communications. If you have concerns about your child appearing in photos or video, please notify the appropriate staff at your parish or school before the event. We will make every reasonable effort to accommodate your request.

7. EMERGENCY CONTACT

In case of emergency and we can't get ahold of the parent/guardian listed below. Please list another person we can try to contact.

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Relationship (friend, neighbor, coworker, etc.): _____

8. PARENT/GUARDIAN ACKNOWLEDGEMENT

I have read and understand the information above and give my consent as outlined in this form.

Guardian Name: _____ Guardian Name: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

Signature: _____ Date: _____