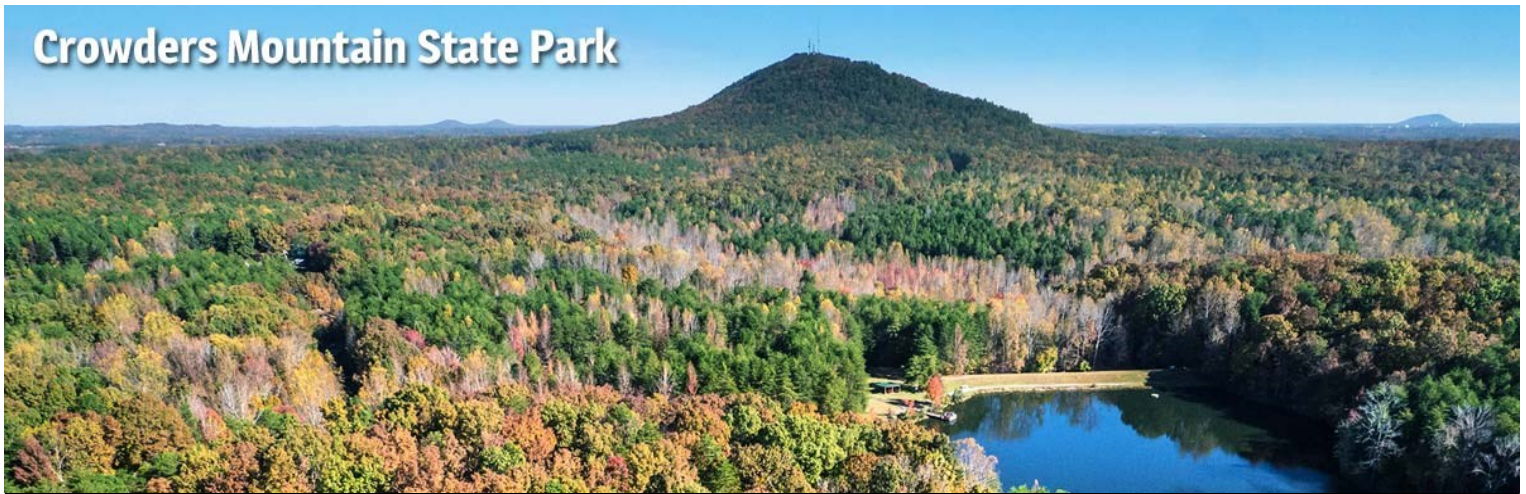


EDGE: MAY

CROWDERS MOUNTAIN HIKE



MAY 19, 2018

19 DE MAYO DEL 2018

DETAILS/ DETALLES

Who/ Quienes:

Middle School Students

Where/Donde:

Crowder's Mountain State Park
Linwood Road Access Trail

Cost/ Costo:

FREE! But bring a packed lunch!

Drop Off/ Dejarlos:

May 19 at 9:00 a.m. at
SJN's Church for Mass

Pick Up/ Recojerlos:

May 19 at 1:00 p.m. at
SJN's Parking Lot

Cancel if it rains

HOW TO REGISTER/ COMO REGISTRARSE

Turn in permission slip no later than
Fri., May. 18

*Entregue ambos formularios de
permiso y de seguridad (waiver)
antes que el **Viernes, 19 de Mayo.***

Keep letter for reference.

*Mantenga esta pagina para su
referencia.*

Questions? Preguntas?

Meg@4sjnc.org / Jiadira@4sjnc.org

Contact during event:**Contacto durante evento:**

Meg Stasko (704)575-8537
Jiadira Choque (704)495-4808

DETAILS/ DETALLES

We will be hiking up a small 1.5
mile long trail at Crowders
Mountain. This is a trail/steps hike.
We will start off the morning with
Mass and then head out!

WHAT TO BRING? QUE TRAER?

We will be eating lunch at the top
of the mountain! Bring a string
bookbag packed with a water
bottle and a lunch. Remember to
wear sunscreen and hiking shoes/
sneakers with grips.

REMEMBER. RECUERDEN.

You're representing SJN, so be on
your best behavior.
Estan representando a SJN, entonces
a tener una buena actitud.

EDGE MAY 2018

Personal Information

Participant Name:

Street Address:

City, State, ZIP :

Age:

Gender:

T-Shirt Size: **N/A**

School:

Grade:

Parent Name:

Parent Home/Cell :

Parent Email:

Primary Physician:

Insurance Company:

Policy #:

Health Issues?

Medications?

RELEASE

I hereby consent to participation by my child in the event titled above. I understand that a portion of this event will take place away from parish grounds and that my child will be under supervision of the designated supervisor (s) and adult chaperones. I further agree that I have received information about this event and consent to the conditions of participation in this event, including the method of transportation. I give my permission for my child, in case of an emergency, to be taken to a physician or hospital by either the supervisor in charge or by an adult chaperone. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected to hospitalize and secure proper treatment (including surgery) for my son/daughter/guardianship.

I give permission for the Diocese of Charlotte and/or St. John Neumann Catholic Church to make use of pictures of my child for parish or diocesan publications and websites. I hereby release the Diocese of Charlotte, St. John Neumann Catholic Church and all of its affiliated entities, including its employees and volunteers from all liability for any damages suffered as a result of or relating to this trip and the use of any photograph, slide, or video.

Parent/ Guardian Name (Printed):		Date:
Parent/ Guardian Signature:		

FOR OFFICE USE ONLY

TOTAL: \$0	Payment 1 ___/___/___	Payment 2 ___/___/___	Payment 3 ___/___/___	Payment 4 ___/___/___
	Type: _____	Type: _____	Type: _____	Type: _____
	Amt: _____ Bal: _____	Amt: _____ Bal: _____	Amt: _____ Bal: _____	Amt: _____
	Received By: _____	Received By: _____	Received By: _____	Received By: _____