

# +CIA Corn Maze

## Adventure!

Sat, Oct 28, 4—11pm

Cost: \$25

Includes entrance, transportation,  
s'mores@campfire & beverages.

Destination: Richardson's Farm, Spring Grove, IL. Largest Corn Maze in the U.S.!  
We are joining St. Cecilia Church but will depart from St. Al's parking lot.  
Checks may be made out to St. Alphonsus Parish



### **Information:**

- 4:00pm: Meet in St. Al Church Parking Lot, 441 N. Wheeling Road, Prospect Heights
- 4:15pm: Depart for Richardson's Farm, Spring Grove
- 5:30—10:00pm: Explore the corn maze, ride the tube slide, climb the look-out tower, toast marshmallows at our campfire, meet new friends!
- 10:00pm: Leave Richardson's Farm for home
- 11:00pm: Arrive at St. Al church parking lot

### **Things to Remember:**

- Dress WARM!!
- Bring a flashlight for the corn maze
- Eat dinner prior to departure
- Bring refillable water jug for drinks
- Bring money for other treats: corn cob, kettle corn, etc.



**Grab an extra form for your friends! They do not have to be a parishioner but they do need to register.**

Permission forms are due by Mon, October 23, 2017

Questions? Contact Kathy McGourty at

[youthministry@saintalphonsus.org](mailto:youthministry@saintalphonsus.org)



Youth Permission Form Completed by Parent/Guardian for  
**Corn Maze Adventure ~ October 28, 2017**  
THE FOLLOWING FORM MUST BE COMPLETE FOR EACH PARTICIPANT

I give permission for my son/daughter (PRINT participant's name) \_\_\_\_\_  
First Last (gr)

to participate in the October 28, 2017 Corn Maze event sponsored by TCIA Youth Ministry. I hereby release and indemnify the Archdiocese of Chicago, St. Alphonsus & Cecilia Parish for this event, its staff and volunteers; and the Catholic Bishop of Chicago, a Corporation Sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in the program. I understand that if my child violates any laws regarding possession of alcohol or drugs, or rules governing the event, I will be called, notified about the situation & arrangements made to send my child home at my expense.

Phone # \_\_\_\_\_ e-mail address \_\_\_\_\_

TCIA may use photographs/videos of my child at this event for promotion  
in the bulletin, parish website/Facebook page and any other social media.  
Yes No

Student Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL AUTHORIZATIONS**

In the event that the undersigned cannot be reached, and in the judgment of the responsible adults or other appropriate staff members accompanying the group. If there is a necessity for immediate examination and/or treatment of my child. I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

**I GRANT PERMISSION** for the adult chaperons for this event to administer non-prescription drugs as needed for my teen (aspirin, ibuprofen, antacids, etc.) \_\_\_\_\_ YES \_\_\_\_\_ NO

**NAME OF EMERGENCY CONTACT** \_\_\_\_\_

Relationship \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

**NAME OF PHYSICIAN** \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**INSURANCE INFORMATION**

Policy in the Name of \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance company \_\_\_\_\_ ID # \_\_\_\_\_

**HEALTH INFORMATION**

Allergies: \_\_\_\_\_ Current Med \_\_\_\_\_

Other Comments \_\_\_\_\_

**I can help with transportation/chaperoning if needed:** \_\_\_\_\_

**Return this completed form to the parish office by Mon, Oct 23, 2017**  
**Checks should be made out to: St. Alphonsus Parish**