

September 19, 2007

Dear Parents:

The Holy Trinity Youth Group Ski Program will be held every Friday for six weeks beginning January 11th, 2008. All the necessary paperwork is enclosed; you must submit all completed forms before the due date so that your child may participate in the program.

### **IMPORTANT INFORMATION**

#### **DATES & TIMES**

- Friday, January 11<sup>th</sup>, 18<sup>th</sup>, 25<sup>th</sup>, February 1<sup>st</sup>, 8<sup>th</sup> and 15<sup>th</sup> (alternate dates are February 22<sup>nd</sup> and 29<sup>th</sup>).
- We will meet at the Youth Center at 4:00pm.
- The bus departs at 4:30 pm sharp. We will not hold the bus for latecomers!
- We will return to the Youth Center at approximately 11:30pm that evening.

#### **COST**

- The cost of the ski pass varies depending on which one you choose. Passes are available through Holy Trinity by returning the Paoli Form (found on our website) and payment to Ilana by November 10<sup>th</sup>.
- The cost of the bus for all six trips will be \$85. Please make a separate check payable to Holy Trinity Youth Ministry.
- Additional money may be needed for equipment rental (ski jackets, etc.) and snacks.
- Bring quarters for locker rental.

#### **PAPERWORK**

- Enclosed you will find a "Parent Packet." It contains information for you to keep as well as forms that you *must* send with your payment. **Please read through this information carefully with your child.**
  - Please return the "Ski Program Community Rules Agreement."
  - Please return the "HTYG Ski Program Permission Form."
  - Please return the "Health Release Form/General Permission Slip." **It *must* be notarized.**
  - Please attach a copy of your child's insurance card (front & back) to your permission forms.
  - Please fill out and return the "Master the Mountain Program and Pass Order Form." The appropriate passes for our group are:
    - 5 Session Friday (the pass will convert to a "Pick a Day" if the youth takes 4 lessons)
    - Pick A Day
    - Unlimited

*Do not return the form and payment to Paoli Peaks!*

- Please use the "Emergency Contact Information" and "Directions" in emergencies only.

#### **DUE DATES**

- Paper work and payment are due by **Wednesday, November 10<sup>th</sup>, 2007.**
- Please send the information to my attention at the above address. You may also drop it off at the Parish Office during normal business hours.

We are looking forward to spending a fun filled ski season with your child! If you have any questions or would like to help, please do not hesitate to call or email at 897-5207 or [iaponte@htparish.org](mailto:iaponte@htparish.org).

Sincerely,

Ilana M. Aponte  
Director of Youth Ministry

# HTYG's Ski Program

## Community Rules Agreement

- ◆ I will take two ski lessons, regardless of my skill level, on my first two visits with the group. Ilana will verify attendance; if I fail to complete two lessons, I will not be allowed to return. Lessons begin on the hour between 4pm and 7pm.
- ◆ I will wear a helmet.
- ◆ If I choose to snowboard, I agree to wear wrist guards at all times.
- ◆ I will not bring any valuable items that I wouldn't want lost or stolen.
- ◆ I will not bring any weapons or other unapproved items.
- ◆ I will not bring or use any drugs or alcohol at Paoli Peaks.
- ◆ I will abide by the rules set by Paoli Peaks.
- ◆ I will remain within Paoli Peaks boundaries at all times.
- ◆ I will listen and abide by the directions of the leaders and Paoli Peaks staff.
- ◆ I will pay for any damage to the facility or other's property for which I am responsible.
- ◆ I will respect the facility and environment and will do my part to keep all areas clean.
- ◆ I will treat others with respect.
- ◆ I understand that trips may be cancelled at any time.

**Important:** I understand that the Community Rules are designed for the safety and well being of all participants. Violation of these rules may result in a phone call to your parents, sanctions and/or immediate dismissal from Paoli Peaks at the discretion of the Director. If I am dismissed, my parents will be called to pick me up from Paoli Peaks. The appropriate authority may be called. This action may take place at any time.

Youth Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HOLY TRINITY YOUTH GROUP SKI PROGRAM PERMISSION FORM

I request that Holy Trinity Parish allow my child to participate in the following activity.

- I give my permission for (child's name) \_\_\_\_\_ to attend and participate in the Holy Trinity Youth Group Ski Program at Paoli Peaks on Friday, January 11<sup>th</sup>, 18<sup>th</sup>, 25<sup>th</sup>, February 1<sup>st</sup>, 8<sup>th</sup> and 15<sup>th</sup> or, in case of cancellations, on the "make up days" of February 22<sup>nd</sup> or 29<sup>th</sup>.

I understand that this program is designed to build community, create an atmosphere of trust and foster spiritual growth among the Youth Group members. I understand that skiing is an inherently dangerous activity. I understand that the Archdiocese of Louisville and Holy Trinity Church do not provide insurance coverage for injuries incurred while on this trip. In consideration of permitting my child to participate, I hereby release and save harmless the parish of Holy Trinity Church, the Youth Minister and youth leaders any and all liability for any injuries, loss, or other claims arising or resulting from this activity.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

EMERGENCY PHONE NUMBER(S): \_\_\_\_\_

# HTYG's Ski Program

## EMERGENCY CONTACT INFORMATION

### EMERGENCY PHONE NUMBERS

#### ◆ **Paoli Peaks: (812) 723-4696**

A member of the Paoli staff will locate a member of the HTYG leadership team. Keep in mind that this is a very busy facility and it may take several minutes for Ilana to reach the phone.

#### **Contact List:**

- **Ilana M. Aponte, Director of Youth Ministry**

#### ◆ **Ilana's Cell Phone: (502) 599-5246**

### DIRECTIONS

From Louisville, KY - approx 45 miles: Take I-64 W, 5 miles past the Ohio River take Hwy 150 W for 39 miles. In Paoli stay on Hwy 150 W for 2 miles turn left at Ski Resort sign and follow road to Paoli Peaks.

**Health Release Form/General Permission Slip**  
**Holy Trinity Youth Ministry**  
501 Cherrywood Road    Louisville, KY 40207    897-5207 ext.115  
Please Print

**Printed Name of Child:** \_\_\_\_\_

**Child's Email Address:** \_\_\_\_\_

**School:** \_\_\_\_\_ **High School Graduation Year:** \_\_\_\_\_

**Parent/Guardian Names:** \_\_\_\_\_

**Parent's Email Address(es):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Name of Policy Holder:** \_\_\_\_\_

**Policy Holder's SS#:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Other pertinent medical information:** \_\_\_\_\_  
\_\_\_\_\_

**My child may receive Ibuprofen or Acetaminophen yes or no (please circle)**

I, \_\_\_\_\_ parent/guardian give my child, \_\_\_\_\_, permission to participate in the meetings, activities and outings sponsored by the Holy Trinity Youth Ministry program.

I further give my permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while participating in sponsored activities. In consideration of permitting my child to attend and/or participate, I do hereby, for myself and my child waive and release any and all claims that I might have against the Director of Youth Ministry, Holy Trinity Parish and any designated leader or driver of a vehicle for any and all injuries or losses suffered by said child while engaged in sponsored activities.

If my child requires emergency medical attention, I hereby give permission to the adult leader in charge to authorize treatment for my child as named herein.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Subscribed and sworn to before me by** \_\_\_\_\_

**This** \_\_\_\_\_ **day of** \_\_\_\_\_

\_\_\_\_\_  
**Notary Public, State at Large, Kentucky**

**My commission expires:** \_\_\_\_\_

# Master the Mountain Program and Pass Order Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender M / F  
School Name: \_\_\_\_\_  
Organizer: \_\_\_\_\_

## **Type of Pass:**

**5 Session Pass.....\$89 Mon.-Thurs. \_\_\_\_\_**

**5 Session Pass.....\$129 Fri. or Sat. \_\_\_\_\_**

*Pass includes 5 Snow-passes, 5 ski or snowboard rentals and 5 lessons.*

**Pick a Day.....Pass only \$139 \_\_\_\_\_**

**Pass with Rental \$239 \_\_\_\_\_**

*One day per week, Excludes Sat. 9am-5pm*

**Midnight Madness Pass: Pass Only \$109 \_\_\_\_\_**

*Valid all Midnight Sessions.*

**Pass with Rental \$209 \_\_\_\_\_**

## **Unlimited**

\_\_\_\_ **Student Pass Only.....\$199**

\_\_\_\_ **Student Pass with Rental.....\$359**

\_\_\_\_ **Adult Pass Only.....\$239**

\_\_\_\_ **Adult Pass with Rental.....\$399**

**Seasonal Locker.....\$79 \_\_\_\_\_**

**NASTAR Pass.....\$49 \_\_\_\_\_ *With the purchase of a season pass.***

**Total Amount Due.....\$ \_\_\_\_\_**

**Credit Card # \_\_\_\_\_**

**Exp: \_\_\_\_\_**

**Name on Card: \_\_\_\_\_**

*Fill out completely, enclose check or credit card info and mail to:  
Paoli Peaks Season Pass Office, PO Box 67, Paoli, IN 47454*