



**February 19 – St. Gabriel BOK/BOKjr. Snow Tubing at Alpine Valley**  
**All 6<sup>th</sup>-12<sup>th</sup> grade students are invited!**  
**Parents must sign BOTH forms and return by Feb 15th**

**WHO:** All 6<sup>th</sup>-12<sup>th</sup> grade students are welcome to attend. Space is limited to the first 50 students who return both permission slips with payment by February 15<sup>th</sup>.

**WHEN & WHERE?** On February 19 we are going tubing at Alpine Valley from 4-6 pm. We will meet at Alpine Valley, 10620 Mayfield Rd, Munson Twp, OH 44026 at 3:30 pm sharp. Students are responsible for providing their own transportation. When you arrive, please go to the main lodge and then go to group reservations. We will meet you at group reservations.

**COST: \$15.00** per person ( includes Donuts and Hot Chocolate.)

I, the parent and/or guardian of my child, \_\_\_\_\_, age \_\_\_\_\_,  
*child's first and last name*

do hereby grant permission for the above-named child to participate in the following: Snow Tubing at Alpine Valley on February 19 from 4-6 pm and I consent to the child's participation in this trip. I understand that I must provide transportation for this trip individually or by carpool. I hereby assume all risks in connection with this trip and I further release discharge, and/or otherwise indemnity the Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, St. Gabriel Parish, employees and volunteers from all claims, judgments, liability by or on behalf of my child, myself and my spouse for any injury or damage due to the child's participation in this trip including all risks connected therewith whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child/children. I understand I have the opportunity to call Mr. Paul Kelly at 440-352-8282 to ask about this trip.

Signature of parent/guardian: \_\_\_\_\_ Date \_\_\_\_\_ Paid \_\_\_\_\_ Yes \_\_\_\_\_ No

Teen's Name \_\_\_\_\_ Age \_\_\_\_\_ Cell phone \_\_\_\_\_

Teens E-mail address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mom's Name \_\_\_\_\_ Mom's Cell # \_\_\_\_\_ Mom's E-mail \_\_\_\_\_

Dad's Name \_\_\_\_\_ Dad's Cell # \_\_\_\_\_

Please list any health problems you may have and any medications being taken at the present time.  
(Confidential) \_\_\_\_\_  
\_\_\_\_\_

**If you want to help chaperone on the slopes on February 19 please put your name and phone number below and we will contact you if needed. (You must be Virtus trained.)**

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Questions: Please call Mary von Carlowitz 440-339-7349 or Paul Kelly 440-867-3015