

ST. MARGARET MARY PARISH— LINC HIGH SCHOOL YOUTH MINISTRY

# 2011-12 DisneyLand Day



St. Margaret Mary Alacoque Parish  
High School Youth Group  
Disneyland Day  
2011-12



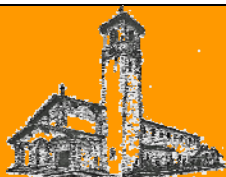
**SUNDAY, DECEMBER 11, 2011**  
**8AM-9PM**

Cost is Only \$60 (Regular Ticket Price is \$80)  
Valid Disneyland Annual Passes get in free

Join us at St. Margaret Mary at 8AM- Meet in Hegarty Hall!  
We return to St. Margaret Mary at 9PM

**TO REGISTER: Turn in Disneyland Day Permission Slip and fees to the Front Desk or RE Office by Sunday, December 4, 2011. Please indicate if you are using an annual pass. No Refunds**

**We need Adult Chaperones and drivers!**



**ST. MARGARET MARY PARISH  
HIGH SCHOOL YOUTH MINISTRY  
25511 ESHELMAN AVE,  
LOMITA, CA 90717  
310-326-3364 EXT 17**



# 2011 DISNEYLAND DAY REGISTRATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Youth's Cell: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_

Disneyland Annual Pass: Yes \_\_\_ No \_\_\_

This registration form, the complete 2011 Disneyland Day Permission Slip (See Reverse) and the \$60 Registration fee needs to be submitted to the RE office or parish front desk by Sunday, December 4, 2011. Make checks payable to St. Margaret Mary Parish with Disneyland in the memo line.

**Departure Time From St. Margaret Mary: 8am**

**Return Time to St. Margaret Mary: 9pm**

**ST. MARGARET MARY PARISH**  
**2011-12 Disneyland Day**  
**PERMISSION/MEDICAL RELEASE FORM**  
(not needed for 18 years or older)

\_\_\_\_\_ in \_\_\_\_\_ has my permission to attend St. Margaret Mary's 2011-12 Disneyland day in Anaheim, California on December 11, 2011 from 8am-9pm. The undersigned authorizes the Adult Leaders of St. Margaret Mary's Youth Ministry Program to provide and authorize medical treatment for \_\_\_\_\_ during the above-referenced time period. The undersigned hereby agrees to

**Youth's Name**  
release the St. Margaret Mary's Youth Ministry Program Leaders of any and all liability, responsibility and damages whatsoever including but not limited to accidents, personal and mental injury, illness and death that may occur during the above-referenced time period.

**EMERGENCY MEDICAL INFORMATION**

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent's Cell # \_\_\_\_\_ Policy ID# \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Carriers Address: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

List any medications this child takes on a regular or daily basis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Special Medical Instructions - include any known allergies: Please Attach*

**In case Parent cannot be reached, please contact:**

|       |              |       |
|-------|--------------|-------|
| _____ | _____        | _____ |
| Name  | Relationship | Phone |

I, the undersigned, hereby agreed with the above-referenced participation in the Religious Education Program, Release and Medical Authorization.

|       |                                    |                                     |
|-------|------------------------------------|-------------------------------------|
| _____ | _____                              | _____                               |
| Dated | Signature of Parent/Legal Guardian | Print Name of Parent/Legal Guardian |