

# FALL CAMPFIRE, CORN MAZE AND HAYRIDE

A combined outing with St. Barbara, Sacred Heart, Ascension and Mother of Sorrows Parishes

**Saturday, October 17, 2020**

**DEADLINE to Register: Wednesday, October 14, 2020**

Your son / daughter is eligible to participate in the fall trip to Gearhard Farms sponsored event held off campus and requiring transportation to a location away from the church building. This fall 2020 activity will take place under the supervision of youth directors, Elisa Esasky and Caitlin Craig, and guidance of adult volunteer chaperones with clearances, from St. Barbara and Mother of Sorrows parishes. A brief description and special instructions regarding this event follow:

**EVENT:** Fall Campfire, Corn Maze and Hayride at Gearhard Farms

**DESCRIPTION:** Gearhard Farms has been creating spectacular corn mazes for years. This year's corn maze is four acres and offers four challenges (find the exit; draw the design; solve the trivia questions and find all pictures of the hidden animals). We will spend the morning around a campfire, enjoy breakfast, a hayride and attempt to conquer the 21<sup>st</sup> annual corn maze.

**ELIGIBLE:** Students in high school and middle school.

**TIME:** October 17, 2020, 9:00 AM. We will meet at Gearhard Farms - 286 (Saltsburg Rd) near Mamont Rd, Murrysville. Please use this address for directions: 5909 Saltsburg Road, Murrysville, 156685. Plan for pickup at 12PM at Gearhard Farms.

**TRANSPORTATION:** On your own; carpool.

**COST:** \$13/person

**SPECIAL INSTRUCTIONS:** Please dress appropriately for the fall weather. We will be outdoors the entire time. Bring a chair, hand sanitizer and a mask.

- Check this box if your child is a registered member of St. Barbara, Sacred Heart and Ascension Parish Youth Ministry (i.e. you completed the 2020-21 Registration Form). If so, then Page 2 of this form is then not required, as medical and emergency contact information is already on file. If you are not a registered member, Page 2 is required.

**YOUTH PARTICIPANT NAME(S):** \_\_\_\_\_

\_\_\_\_\_  
**PARENT SIGNATURE (REQUIRED)**

\_\_\_\_\_  
**PHONE**

\_\_\_\_\_  
**DATE**

**CHAPERONES ARE NEEDED FOR THIS TRIP.  
STATE AND DIOCESAN CLEARANCES ARE REQUIRED.**

I am willing to chaperone, **AND** I have all of my state and diocesan mandated clearances.

I am willing to chaperone, **BUT** need information on how to obtain my clearances.

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

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Medical Information is required by the Diocese of Greensburg for any youth participating in off campus events. The following medical information listed below will be used and kept on file by the youth director for this specific event should emergency medical attention be necessary.

Parent Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Youth Name (s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Primary Insurance \_\_\_\_\_

Identification # \_\_\_\_\_ Group/Policy # \_\_\_\_\_

Allergies (Food and Environmental)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Concerns

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give permission for my child or children to be treated in case of an emergency:

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## EMERGENCY CONTACT (IF PARENTS CANNOT BE REACHED)

Name \_\_\_\_\_ Relationship to Child/Children \_\_\_\_\_

Phone \_\_\_\_\_