

BLESSED TRINITY SR. YOUTH GROUPS
ROCK THE UNIVERSE TRIP – JANUARY 27TH – 29TH 2022

FRIDAY JANUARY 27TH:

3:30 – 4:00 MEET AT BLESSED TRINITY AND DEPARTURE
6:30 – 7:30 ARRIVE AND CHECK INTO HOTEL / DEPART FOR PARKS ASAP
8:00 ARRIVE AT UNIVERSAL STUDIOS
12:00AM REGROUP AT FRONT OF MAIN CHAPERONE LOUNGE (LOCATED AT ENTRY AREA – INSIDE GATES). PARK CLOSING AND DEPARTURE
12:30AM ARRIVE AT HOTEL

SATURDAY JANUARY 28TH:

7:00AM WAKE UP CALL, BREAKFAST IN THE HOTEL, PREPARE FOR DEPARTURE
8:30 – 9:00 REGROUP FOR DEPARTURE AND DEPART HOTEL
9:30 ARRIVE AT ISLANDS OF ADVENTURE
12:30 – 1:30 CHECK IN AT DESIGNATED LOCATION: CAFÉ 4 – Located at the Marvel Superhero Island – close to the Incredible Hulk Rollercoaster.
6:00PM Regroup at designated location and transfer to Universal Studios
10:00 GATHER IN FRONT OF MAIN STAGE (MUSIC PLAZA STAGE) TO PRAY THE ROSARY
12:00AM REGROUP IN FRONT OF MAIN CHAPERONE LOUNGE FOR DEPARTURE, PARK CLOSING AND DEPARTURE.
12:30AM ARRIVE AT HOTEL

SUNDAY, JANUARY 29TH:

7:00AM WAKE UP CALL, BREAKFAST IN THE HOTEL, PREPARE FOR DEPARTURE AND CHECKOUT OF HOTEL
8:30 REGROUP FOR DEPARTURE AND CHECKOUT OF HOTEL
9:30 MASS – MARY, QUEEN OF THE UNIVERSE SHRINE
11:00 DEPART MARY, QUEEN OF THE UNIVERSE TO THEME PARK
11:30 ARRIVE AT THEME PARK <<ISLANDS OF ADVENTURE OR UNIVERSAL STUIDOS AS DECIDED BY ENTIRE GROUP>>
4:30 REGROUP AT FRONT ENTRANCE AND PREPARE FOR DEPARTURE
5:00 DEPART THEME PARK
~7:00PM ARRIVE AT BLESSED TRINITY

HOTEL INFORMATION:

HAMPTON INN & SUITES
7448 North International Drive, Orlando FL 32819
407.313.3030

CHAPERON CONTACT INFORMATION:

Noel deLeon (904.629.1022)
Sheila deLeon (904.923.0867)
Marianela Phillips (904.248.8881)
Linda Miranda – Local Contact (904.514.5131)

*** ALL TIMES MAY VARY SLIGHTLY AND MAY CHANGE AS NEEDED ***

**Diocese of St. Augustine
Parent Permission and Release of Liability
Parish Field Trip Participation**

Name of Child: _____

Name of Parent or Legal Guardian: _____

Name of Parish: Blessed Trinity Catholic Church

Name of Event: 2022 Rock The Universe Trip

Destination: Universal Studios/Islands of Adventure - Orlando FL

Date and Time of Departure: Friday, January 27, 2022, 3:30PM (Meet at Blessed Trinity)

Date and Anticipated Time of Return: Sunday, January 29, 2022, 7PM (Pick-up at Blessed Trinity)

Method of Transportation: Van - Noel deLeon driving

Cost: \$175 for trip. Everyone is responsible for their own meals (breakfast inc. at hotel)

The above child is eligible to participate in above parish-sponsored event requiring transportation to a location away from the parish grounds. This activity will take place under the guidance and supervision of employees/volunteers from the above parish.

If you would like your child to participate in this event, please read, complete, sign and return this form which includes your consent, as well as a full release of liability. As parent or legal guardian, you remain fully responsible for any acts of the named child during this activity.

.....
Please list any known allergies: _____

Physician's Name: _____ Telephone Number: _____

The undersigned parent, guardian or legal representative hereby consents to the participation of the above-noted child in the event described and further consents to the conditions stated above on participating in this event, including the method of transportation. It is understood that this event will take place away from the parish grounds and that the child will be under the supervision of a designated parish employee(s)/volunteers on the stated dates.

For and in consideration of the child being allowed to participate in this event, and other valuable consideration, the undersigned parent, guardian or legal representative, on behalf of the child and the child's parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless the Diocese of St. Augustine, Bishop Erik Pohlmeier, as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Erik Pohlmeier, individually, the above-noted parish, and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property, of the child, or death, caused by negligence or otherwise, while the child is engaged in the above-stated event or in transportation to and from said event. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs, and next of kin.

(Parent / Guardian / Representative Signature) (Date)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Diocese of St. Augustine
Parent / Guardian Medical Release

Child's Name: _____ Date of Birth: _____

Parent / Guardian Name: _____

Home Address: _____ Home Phone: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

(Of the following statements pertaining to medical matters, sign only in accordance with your wishes.)

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to Diocese of St. Augustine's employees, volunteers, or representatives to seek medical treatment for my child above named.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Diocesan representatives or volunteers to hospitalize, secure proper treatment for, and to order injection and / or anesthesia and / or surgery for my child above named.

In the event of an emergency, if you are unable to reach me at the above number, contact:

Name and Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy Number: _____

I make the following exception: _____

My Child's Medications / Dosages: _____

Medication: _____ Dosage: _____ Doctor: _____

Medical Problem or Condition (allergies, diabetes): _____

Condition: _____ Symptoms: _____

Physical Disabilities: _____

Signature of Parent / Guardian

Date

OTHER MEDICAL TREATMENT: In the event it comes to the attention of the Diocese of St. Augustine's employees, volunteers or representatives that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, I hereby give permission for over-the-counter medication to be administered to my child according to directions.

Signature of Parent / Guardian

Date