

## Resurrection Trail Hike 2010

### Information Sheet

Monday, June 14 thru Wednesday, June 16

**COST:** \$75 should be turned in to the church office on or before June 11 with all of the completed forms. Please make checks payable to St. Patrick's

**TIMES:** Participants will gather at St. Patrick's at **6:30 pm on Saturday, June 12** to pack food bags and have a mandatory pack and equipment check to be certain each hiker has the necessary gear and supplies. **Each hiker must be present with all of his or her gear.** We will gather together again on Monday, June 14 at 8:30am to depart by private vehicles to the Trailhead. We will return from Devil Pass Trailhead by private vehicle on Wednesday, June 16 around 6pm.

**NEEDED:** Adult chaperones are needed. This is an excellent opportunity for teens and parents to spend time together in the outdoors.

**REQUIRED:** A specific list is provided.

- good backpack with good waist straps,
- sleeping bag & pad, tent ( for those who have one)
- snacks
- 2 good water bottles – must be at least 1 liter in size
- good (worn-in & comfortable) shoes or hiking boot
- bug spray or lotion
- warm clothes
- hiking clothes – **all must be moisture wicking**
- rain gear – no ponchos
- hat
- jacket
- eating utensil(s) and plate or bowl and drinking cup
- Whatever extra food you want to eat & carry. About 4lbs. of food is provided for the main meals, which will be packed by each hiker on Saturday, June 12 at 6:30 pm. Each person must be able to carry his or her food in his or her pack.

**EXPECT:** This may be a difficult hike for the weak hearted! Come prepared for poor weather and a strenuous workout each day.

We will sleep in tents. A handful of girls will sleep in the cabin each night. The cabin is for storing our food and emergency shelter.

We will hike regardless of weather, so temperatures can be cold and wet. Come prepared!

**MUST:** When you turn in your money (checks payable to St. Patrick's), be sure to turn in the following items as well:

1. A Parental Permission Form Signed with the Medical Authorization form
2. Payment of \$75. Checks can be made out to St. Patrick's. Scholarships are available

# Resurrection Trail Packing Particulars

## CLOTHING

- Hiking Shoes
- Camp Shoes\*
- Raincoat
- Fleece jacket
- Long U-ies (top & bottom)
- Long pants (2)
- Short pants (1)
- Long-sleeve shirt (1)
- T-shirts (2)
- U-ies (2)
- Socks (inner-2)
- Socks (outer-2)
- Thermal Hat
- Baseball Hat
- Gloves
- Scarf\*
- \_\_\_\_\_
- \_\_\_\_\_

## TOILETRIES

- Toothbrush
- Toothpaste
- Soap
- Insect Repellant
- Sunscreen
- Towel
- Toilet Paper
- Medications
- Motrin/Tylenol\*
- Handiwipes\*
- \_\_\_\_\_
- \_\_\_\_\_

## KITCHEN

- Water Bottle
- Thermal Mug
- Spoon/Knife/Fork
- Plate\*
- Bowl
- \_\_\_\_\_
- \_\_\_\_\_

## ACCESORIES

- Moleskin (blisters!)\*
- Water Filter\*
- Map
- GPS\*
- Camera\*
- \*
- Knife\*
- Cell Phone\*
- Whistle\*
- Pepper Spray\*
- Sunglasses
- Zip-lock bags\*
- Reading Material\*
- Frisbee\*
- Notebook/Pen\*
- \$\$\$ to stop after the hike for a snack
- \_\_\_\_\_
- \_\_\_\_\_

## SHELTER

- Tent
- Ground Tarp
- Sleeping Bag
- Sleeping Pad
- \_\_\_\_\_
- \_\_\_\_\_

## FOOD

- Drink Mix\*
- Tea\*
- GORP\*
- Snacks\*
- \_\_\_\_\_
- \_\_\_\_\_

## Other Essentials

- Backpack
- Backpack Raincover
- \_\_\_\_\_
- \_\_\_\_\_

\* - Optional

**St. Patrick's Parish**  
**Off – Site Activity Permission Form**

My son/daughter \_\_\_\_\_ has my permission to participate in:

**Resurrection Trail Hike 2010**  
**June 14-16**  
**Leaving from St. Patrick's @ 9 am on 6/14**  
**Returning to St. Patrick's @ 6 pm on 6/16**

I understand that I will be given, in writing, all necessary information pertaining to each activity.

As parent/guardian I authorize St. Patrick's Parish, the Activity Coordinator, or any designated representative to seek emergency medical treatment for my child.

I understand every effort will be made to reach me, or my contact person named below, should any emergency arise.

I agree to hold harmless St. Patrick's Parish, the Activity Leader and all designated parish representatives from any accident or illness requiring such treatment, and from the results of any such treatment.

\_\_\_\_\_  
Print name and relationship to student \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian Home # \_\_\_\_\_ Cell # \_\_\_\_\_



I would be interested in being a chaperon for this event:

\_\_\_\_\_  
Name Phone

**Only Licensed, Insured, Adult (over 21) Drivers may Provide Transportation**

I would be willing to drive for this activity

\_\_\_\_\_  
Name Phone

I have \_\_\_\_\_ available seat belts in my vehicle.

# Kairos 2009-2010 Individual Registration – one form per child

Please make this form complete as possible. All information in this section is kept confidential.

Child/Youth Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Gender  Male  Female

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ School Name \_\_\_\_\_ Grade \_\_\_\_\_

Child Lives with:  Both Parents  Mother  Father  Mother & Step-Father  
 Father & Step-Mother  Grandparent  Legal Guardian

If parents are divorced, does non-custodial parent have legal access to the child?  Yes  No

Address of Non-Custodial Parent \_\_\_\_\_ Phone \_\_\_\_\_

## PARENT INFORMATION:

Father \_\_\_\_\_ Mother \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

email \_\_\_\_\_ email \_\_\_\_\_

## EMERGENCY INFORMATION: Please list two (2) Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## MEDICAL INFORMATION: Name of Insurance Policy Holder \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy ID # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Is your child allergic to any thing?  No  Yes Please List: \_\_\_\_\_

Does your child take any medication?  No  Yes List Medications

Name \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

## MEDICAL INFORMATION AND RELEASE

In the event of accident or injury, if we are unable to reach you or your emergency contact

DO WE HAVE YOUR PERMISSION TO SEEK MEDICAL TREATMENT FOR YOUR CHILD?  Yes  No

I authorize St. Patrick Parish, and its designated representative(s) to seek emergency medical treatment for my child \_\_\_\_\_. I agree to hold harmless St. Patrick's Parish and said representative(s), from any accident or illness requiring such treatment, and from the results of any such treatment.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian

Relationship to Child \_\_\_\_\_

Please complete class enrollment information on the back of this page.