

# BUS TRIP

## ATTENTION SENIOR CITIZENS OF ALL AGES

Join us as we travel by **Lamers Deluxe Motor Coach** to tour Door County. It will be a day filled with fun, food and good company.

**Wednesday May 16<sup>th</sup>, 2018**



The tour departs St. Joseph Parish at 9am. Return to the Parish around 6:00 pm.

Al Johnson's Swedish Restaurant lunch is **included** with the tour cost.

**Menu:** Swedish meatballs, mashed potatoes, salad and cherry cheese pie. Coffee or tea, tax and (meal tip) all included.

**Scenic Boat Cruise:** Narration by the Captain. Bay shoreline view of the scenic Eagle Bluff Lighthouse, Peninsula State Park, Ephraim and the small west islands. Dress in layers, sunscreen and bring a camera.



Wood Orchard Market Shopping: Opportunity to purchase bakery goods, cheese, cherries and fruit of all types. Baking ingredients and utensils of all sorts. Everything fresh and preserves as well!

Travel will be on a Lamers Deluxe Motor Coach which will be equipped with air conditioning, DVD/VCR and a restroom

Complete the information on the other side of this page; return it, **along with the \$89 (Which includes the cost of the luncheon) by Friday, March 30th to:**

### SENIOR CITIZEN BUS TRIP

St. Joseph Parish, 404 W. Lawrence, Appleton, WI 54911

**WE NEED A MINIMUM OF 35 PEOPLE TO BE ABLE  
TO MAKE THE TRIP HAPPEN!!!**

**(Make checks payable to St. Joseph Parish)**

# ST. JOSEPH WAIVER FORM

I release the St. Joseph staff and St. Joseph Parish from any liability in the event I am injured while participating in the Senior Citizen activity of \_\_\_\_\_  
\_\_\_\_\_ or traveling to or from this activity.

**Please complete the following:**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/Zip \_\_\_\_\_ Email \_\_\_\_\_

Parish \_\_\_\_\_

According to Green Bay Diocesan policy, participants are to be covered by insurance for any travel, or performance. It is the responsibility of the adult participant to provide this insurance coverage.

**CONTACT IN CASE OF AN EMERGENCY**

Relative/Friend \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_

PLEASE LIST ANY MEDICAL CONDITIONS WHICH WOULD AFFECT YOUR PARTICIPATION IN THIS ACTIVITY:

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

**AUTHORIZATION FOR MEDICAL TREATMENT**

I hereby authorize the treatment, administration of anesthesia, surgical treatment(s) for \_\_\_\_\_ in the event of a medical situation occurring during this event or when the hospital or physician are unable to contact me.

This authorization extends to any hospital, physician(s) and nursing personnel within the physicians' staff where treatment is performed in the physician's office. I release from medical responsibility and liability the hospital, physician(s), and nursing personnel performing medical procedures acting on the authority of this medical treatment consent from which such medical providers deem necessary for me.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ and valid through \_\_\_\_\_

\_\_\_\_\_  
Signature