NORTH DEANERY SKI TRIP

Saturday, February 21st, 2026 Perfect North Slopes Lawrenceburg, IN



Who: All Students in Grades 7-12

When: Saturday, February 21st, 2026 Meet at St. Luke at 7:00am.

Return to St. Luke approximately 7:00pm.

Where: Perfect North Slopes

Cost: Early Bird Registration: \$100 due by Friday, January 16th Regular Registration: \$125 due by Friday, January 30th

(Both Registration costs include ski/snowboard rental, helmet rental, lift ticket, and bus ride)
*Formal lessons are no longer included in the cost, and will be an additional \$15 per person and scheduled upon arrival to Perfect North Slopes. However, there is a self-guided lesson area available with instructors that is included in the price of a lift ticket. PLEASE NOTE: ALL FIRST TIME SKIERS

WILL BE REQUIRED TO TAKE A SKI LESSON WITH A CERTIFIED INSTRUCTOR

*Tubing is no longer included in the purchase of a lift ticket. However, participants do have the option to purchase a 2-hour tubing ticket on-site for \$10, depending on availability.

Make all checks payable to YOUR PARISH

Things to Remember:

- Dress in layers and for the weather! You will get warmer the longer you ski/snowboard/tube.
- Bring a change of clothes for the bus ride home.
- Bring money for meals at the ski lodge or a sack meal and snacks, and possibly lessons (if needed).
- Perfect North is now cashless, but has cash to card machines in the lodge.
- There will be NO STOPS to and from Perfect North Slopes.

Space is limited, and will be offered on a first come, first served basis. So be sure to register as soon as possible.

Due to weather conditions, we cannot guarantee this trip will happen on the scheduled date. If cancelled due to weather, you will receive a partial refund.

Be sure to fill out all attached permission slips and waivers to YOUR YOUTH MINISTER NO LATER THAN FRIDAY, JANUARY 30TH!!

We need chaperones! Please let your Youth Minister know if you can come and whether you need rental equipment.



NDYMA - TRAVEL EVENT GUIDELINES 2026

| Name of Participant: | | D.O.B | | Grade |
|--|--|--|---|--|
| You are representing the Archdiocese of Indianapous well. We expect that you will display mature and Catholic youth. | | | | |
| All participants are expected to arrive on ti All participants are expected to demonstrate behavior will not be tolerated. Socializing socializi | te common courtes should always been Writing on clothing oholic beverage an rug paraphernalia aneed to be given to ion rules and regulation departure of the fult in parents being | a done in public should reflect ad/or possession are not allowed an adult for sto ations set forth event, and must contacted and | areas. Christian valun/use of any rage and dist by the Archdi | ues. illegal drug by an tribution. ocese of Indianapolis; of I for the duration of the |
| I understand and agree to this behavior code. I als dismissal, I am responsible for my removal from th | e premises and any | y costs involve | d. | , , |
| I also understand and agree that my parents or gu dismissal. My parents or guardians will be respons | | | | |
| **Youth Signature: | | | | Date: |
| I request that my child, | ity from claims of a | Youth Ministers ny kind or natu | s, its staff, vol re whatsoeve | r from my child's |
| I understand that I will be notified at the time of any the event. I will also be required to pick up my child | | | | n his/her dismissal from |
| I grant the permission of First Aid to be given to my child to and from the program as their judgmer physicians for treatment of illness or accidents of a event of any serious illness or accident and prior to endanger life. In case of medical emergency, I under the participant. In the event that I cannot be reached to hospitalize, secure proper treatment for and to come the participant. | it deems advisable, a more serious natu o any major surgery lerstand that every ed, I hereby give pe | and to make the standard and to make the standard and the | ne necessary d I will be pro delay in such ade to contac physicians s | referrals to qualified mptly notified in the communication would the parent/guardian of elected by the adult staff |
| Insurance Company Name: | | | | |
| Name of Policy Holder: | | Group Numbe | | |
| | Group Number: Phone Number: | | | |
| Any Medical Conditions/Allergies | | | | |
| Parent Name(s): | | | | |
| Parent Cell Phone Number(s): | | | | |
| Parent Email Address(es):* **Parent Signature: | | | | Date: |
| | | | | |
| I can Chaperone: I am Safe Paris | sh trained: | _ I have a Bac | kground Che | ck on file: |
| FIRST TIME SKIER | | | | |
| This year we are requiring that all teens who ha instructor. This is to better monitor our teens a or has not skied before. Thank you! | | | | |
| I am a first time skier: | | | | |
| yes | n | 10 | | |