

ARE YOU READY FOR SOME HOOAH??

WHAT: All Minnesota Army JROTC Summer Camp

WHEN: 10-14 August 2009 – report 0700 hrs. 10 Aug in the Mil Wing.

WHERE: Beautiful Camp Ripley

WHY:

1. To have fun
2. To develop a sense of Hooah
3. To meet cadets from other schools
4. To fulfill BFI requirements

WHO: 25-30 STA Cadets, first come, first serve

WEAR: Cadets will be issued fatigues and boots on 6 Aug 0900-1200.

WHAT IS going to happen during the week?

- Rappelling
- Confidence Course
- Marching
- Canoeing
- CH-47 Helicopter flights (Weather permitting)
- Land Navigation
- Physical Fitness
- Sports
- Visit to the Minnesota Military History Museum.
- Marching Competitions
- Lots of Army Chow

WHAT IS it going to cost? - The Army provides all! Food and barracks living! (We ask for \$20 per cadet for incidentals. In addition, cadet may bring spending money to shop at the PX and museum.)

WHAT IS the end result? - Each cadet will gain confidence in completing the many tasks and events during the week. In addition, cadets will rotate in leadership roles to further hone their leadership skills! *Each cadet will be awarded the Adventure Training and Camp Participation ribbon, and compete for other awards.*

YES, I WANT TO GO AND BECOME HOOAH!

NAME _____

E-MAIL (write clearly) _____ *

so we can contact you over the summer. We will send a packing list.

PHONE _____

Return this form AND the parental permission slip.

SAINT THOMAS ACADEMY
FIELD TRIP PARENT PERMISSION SLIP

Student Name: _____

Destination: Camp Ripley, Minnesota

Date of Trip: 10-14 August 2009

I grant permission for my son to participate in this school event that requires transportation to a location away from school. This activity will take place under the guidance and direction of Saint Thomas Academy employees and/or volunteers.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Saint Thomas Academy, its officers, directors and agents and the St. Paul Archdiocese, chaperons or representatives associated with the event, from any claims or lawsuits arising from or in connection with my child attending the event, or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to reimburse the school, its officers, directors and agents, chaperons and the St. Paul Archdiocese or representatives associated with the event.

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.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my son to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me, contact:

Name and Relationship: _____

Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy Number: _____

Other pertinent medical information: _____

I fully understand that the rules and policies of Saint Thomas Academy apply to field trips. Every effort will be made to insure the proper safety conditions and supervision of this field trip, but neither the school nor the supervisors will accept legal responsibility in the event of an accident or injury.

Parent/Guardian Signature

Date

Student Signature

Date