

Valleyfair Trip!

Sponsored by Christian Connection

Monday, July 19

Cost: \$50

**Includes - Bus Trip and
Valleyfair Pass
(Meals not included)**

**Buses will load at Risen
Savior Church at 6:30 am.
We will pack up and load
the buses from Valleyfair
at 6:00 pm and return to
Risen Savior by 10:00 pm.**



All youth in grades 7-12 of the Brandon Valley Area Churches are welcome to join! Please turn in bottom half of this flyer, attached forms and payment to the Youth Representative at your church by Monday, July 12. Limited seating! Register NOW! First come first serve basis!

Name: _____

Address: _____

Parent/Guardian Name(s): _____

Phone Number: _____

Pd: _____

1 adult chaperone is needed per 10 youth attending from each church.
Contact your Youth Representative for more info!

Checks can be made payable to: Christian Connection

Parental Consent Form

****Both sides of this form (Medical Information & Parental Consent) must be filled out completely for your child to be registered for this event.**

I, _____ the parental guardian
(guardian's name)

of _____ who lives at
(child's name)

_____ hereby authorize my child's participation in _____
(event)

I hereby give permission to Christian Connection (BV Area Church Youth) authorized representatives to chaperone my child and to give that/those person's power and authority to consent to any medical, hospital, or dental care for my minor child, which in the discretion of the chaperone is necessary as the result of any occurrence on the aforementioned trip or activity.

I hereby give permission for my child to ride in the vehicle designated by the chaperone while attending and participating in activities sponsored by Christian Connection. If it is necessary for my child to return home early, I agree to pay for all transportation costs. Similarly, if it is necessary for my child to have any medical or dental services, I agree to be liable and pay for all such costs incurred.

On behalf of my child and myself, I release and forever discharge the chaperones, the pastors, agents, employees and various members of their boards from any and all liabilities, claims and damages arising from injuries and illnesses my child might suffer while participating in the event sponsored by Christian Connection.

(Parental Guardian)

(Date)

(Child)

Home Phone _____

Work Phone _____

Cell Phone _____

(Congregation)

(Grade)

Medical Information

MEDICAL INSURANCE INFORMATION

Name of Medical Insurance Company _____

Circle what applies: Plan Policy Group ID Number(s)

Please list number(s) _____

MEDICATION INFORMATION

List any medication your child is taking:

Name of Medication	Dosage/Directions
_____	_____
_____	_____
_____	_____

PHYSICIAN & EMERGENCY INFORMATION

Physician's Name & Phone Number _____

Parental Guardian _____

Home phone # _____ Work phone # _____

Cell phone # _____

If unavailable at above phone numbers, please contact:

Name: _____ Phone # _____

HEALTH INFORMATION

Please check all that apply:

Diabetes: _____ Heart Disease _____

Seizures/Epilepsy _____ Medic Alert ID _____

Diet Restrictions _____ Allergies _____

Asthma/Respiratory Problems _____

Other Medical Condition(s) (please specify) _____

If you have checked any of the above, please explain below.