



**ALL SAINTS LUTHERAN CHURCH
Permission/Registration Form**

Valleyfair

Date: Wed., August 2, 10 a.m. – 8 p.m.

Name of Youth: _____ Primary E-Mail: _____

Address (if not All Saints Member): _____

Parent/Guardian Name(s): _____ Home Phone: _____

I, the parent/guardian of _____ (Youth's Name) have given permission for the above named youth to travel and participate in all activities surrounding the above mentioned event sponsored by All Saints Lutheran Church. The above named youth has my permission to travel to various places included in the event and then back to All Saints Lutheran Church. In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless All Saints Lutheran Church, their agents, employees and officers, and the chaperones, leaders, organizers and sponsors, and persons transporting our child to and/or from these activities. Neither All Saints Lutheran Church, nor any of said persons shall be held financially responsible for any injury, illness or death incurred as a direct result of this activity.

STUDENTS AND PARENTS MUST SIGN THE FOLLOWING CONDUCT CONTRACT: I agree not to bring, use, or purchase tobacco products, alcohol, or illegal drugs of any kind on this trip. I agree not to bring, use, or purchase knives, guns, fireworks, or any other weapon on this trip. I agree never to go away from activity sites without a leader present. I agree to respect leaders, site staff, and other students on this trip. I understand that if I break any of these rules that I may be sent home at my parents' or guardians' expense.

Student's Signature _____ Parent/Guardian Signature _____

MEDICAL AUTHORIZATION

Allergies/Medical Conditions of which we should be aware: _____

Medical Insurance Policy Number: _____

Please list any medication(s) that need to be brought to the event and when they need to be taken: _____

I, the parent/guardian of _____ (Youth's Name) do hereby authorize medical treatment for the above named youth, in the case of an emergency. In the case that I am unable to be reached, I hereby authorize the leaders of this trip to act on my behalf, in securing medical treatment for the above named youth.

In case of emergency, contact: _____

Relationship to Youth: _____

Home Phone: _____ Cell Phone: _____

By signing the above statements, I acknowledge that I have read, understand, and agree to the above statements.

Parent/Guardian _____ Date _____

PAYMENT INFORMATION:

- Cost of the event is \$43.00 per participant to cover costs of the event. Checks should be made to All Saints Lutheran Church.
- Enclosed is my check for \$43.00 _____ Yes ___ No _____ Check Number: _____ or CASH _____

PLEASE RETURN FORM TO KRISTINE BY Sunday, July 30