

C3Naz Youth Group Event Sheet and Permission Sheet

Event Information: Michigan Adventure Amusement Park

Leaving from the Church at: 9:30am (Park hours are 11am-7pm)

Returning to the Church at: 9:30-10:00 pm

Need to Bring:

- **Pre-purchased ticket or money to buy it there \$40 at the gate.**
- Sack Lunch and or dinner for the coolers or money to purchase food- approx. \$10-12 per meal. - Money for locker to keep things secure if preferred.
- Suntan Lotion, Swimsuit and Towel, extra clothes if preferred
- Phones will be allowed but are the responsibility of the youth- The adults and church are not responsible for lost or stolen items.

Parental Permission for Youth Activity

I, _____, give my child(children) _____ permission to attend **Michigan's Adventure** I understand that the Youth Director or a trained volunteer will provide leadership during the activities. I agree to give emergency information to the adult in charge if it is different from the information submitted on this form. Parent/Guardian Signature _____ Date _____

Medical Consent

We, the undersigned parent(s) or guardian(s) of _____, a minor, acknowledge that this form is filled out to the best of our ability and do hereby authorize a youth ministry adult worker of Cross Community Church of the Nazarene as agent(s) for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment or hospital care which is rendered under the supervision of any physician, surgeon, or dentist whether diagnosis and treatment is in a hospital or office of said physician.

Parent/Guardian Signature _____ Date _____ **Insurance**

Information

Family Physician _____ Phone _____

Address _____

Insurance Carrier _____

Group Number _____ Policy Number _____

Medical Information

Please put an "X" in the appropriate circle, specify where indicated: If multiple children- please specify who has the allergies.

o Allergies- please specify type and reaction: _____ o

Other Health Concerns/Conditions: _____ o

Medications Taken Daily: _____

Parent/Guardian Contact Information

Name work# home# cell#

Emergency Contact Information (If parents cannot be reached, please contact): Name/relationship work# home# cell#
