

Holy Trinity, St. Mary and St. Theresa Youth Ministry
Adventureland - 305 34th Ave NW, Altoona IA – August 9, 2023 10:00am- 4:00pm
(Return to Gigi Wilwerding) with \$40 by Aug 2 for

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I hereby permit _____ (Child's Name)

to participate on: **August 9, 2023 10:00am- 4:00pm**
at **Adventureland - 305 34th Ave NW, Altoona IA**

School my child attends: _____ Current Grade level: _____

Parent email: _____

Student email: _____ Student Cell # _____

I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of this event.

Should it be necessary for my child to have medical treatment while participating in this event, I hereby give the personnel permission to use their judgment in obtaining medical service for my child, and I give permission to the physician selected by the personnel to render medical treatment deemed necessary and appropriate by the physician.

I understand any insurance benefits that are effective have limited application.

I understand if my child is found to have alcohol, any illegal controlled substance or tobacco in their possession, the personnel in charge will take appropriate action. Inappropriate behavior will also be dealt with up to and including calling me for immediate retrieval of my child.

I give permission for my child to participate in all the activities associated with this event. I also give permission for my child to be transported to and from this event's destinations. I assume responsibility for my child's transportation to and from drop-off/pick-up site.

Photo Release: I grant permission for my child's photo to be used without compensation in promotional material for the youth group such as but not limited to bulletins, newsletters and the church website.

Parent/Guardian Signature Date

Address Phone Number (Home)

City Zip Phone Number (Cell)

In case of an emergency, and a parent cannot be reached please contact:

Name Phone