

Ski Trip Permission/Registration Form 2010

St. Mark Lutheran Church
1821 North 90th Street, Omaha, NE 68114
• Phone (402) 391-6148 • Fax (402) 399-1682 • www.stmarkomaha.org

Event: *Ski Trip to Mt. Crescent, IA*
Who: *High School Youth, friends and Family.*
Sponsored By: *St. Mark Youth Ministry.*

Date: *Saturday, January 23, 2010.*
Time: *9:00 am meet at church;
return approx. 4:30pm.*

Transportation: *Personal Vehicles (chaperons needed!).*

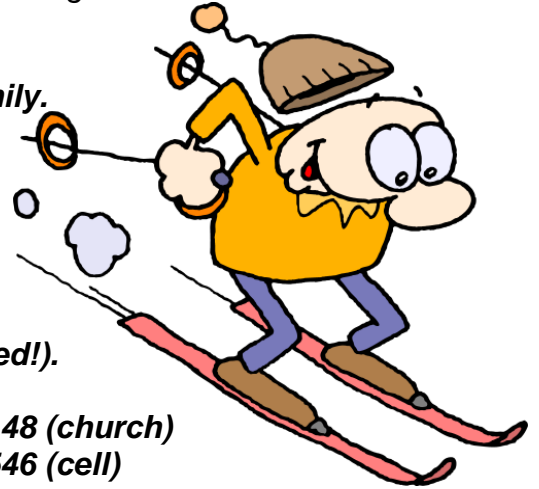
Contact Person/Phone: *Pastor Greg Moyer – 402-391-6148 (church)
402-301-7546 (cell)*

Registration Deadline: *Sunday, January 17th.*

Cost: *\$35.00 per person. (includes lunch and transportation).
St. Mark Youth can use I.Y.A. monies by checking the box below
Make checks payable to: St. Mark Lutheran Church*

Bring: *Mt. Crescent Waiver, Winter gear (gloves, hat, etc), \$ for extra food & other expenses.*

- Objectives:**
1. Have FUN skiing, snowboarding, or tubing.
 2. Fellowship with other youth and families from Zion Lutheran.
 3. Show Christ's love on the slopes!



(Sign, Detach, and Return bottom portion with payment)

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OFFICE USE ONLY:	
Permission/Reg. Form	_____
Medical Release Form	_____
Payment Received	_____

Participant Name: _____ Age: _____
If you are not a St. Mark member, name of friend you are attending with: _____

Home Address: _____

City/State/Zip: _____ Email: _____

Home Phone: _____ Emergency Phone: _____

Parent/Guardian Name: _____

My Parent is available to drive/chaperone I want to use my I.Y.A. for registration fees.

Please submit payment in full, c/o 'St. Mark Lutheran Church,' with this registration form.
(Consent and Emergency information on back. Signatures needed.)

CONSENT FORM AND LIABILITY WAIVER

I hereby give permission for _____ to participate in this activity, sponsored by St. Mark Lutheran Church's Youth Ministry. I understand that this activity will require my child to be transported by personal vehicles driven by St. Mark adult volunteers, and hereby give my permission for this transportation. I assume all responsibility and liability for injury to my child, and for injury which my child may cause to others. I hereby release and forever discharge St. Mark Lutheran Church, their officers, employees, and members from any and all damages and causes of action either at law or in equity which I or my child may have as a result of participation in, attendance at, and travel to and from, this activity.

Signature of parent or guardian

Date

EMERGENCY AUTHORIZATION:

I the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the staff and/or volunteer leaders of the St. Mark Lutheran Church Youth Ministry program, as my Agents, to give consent to any and all necessary emergency medical care for my child while said child is in attendance at this church sponsored event. In case of emergency I hereby authorize treatment, and/or care at any hospital.

Signature of parent or guardian

Medical Insurance Carrier

Insur. Policy No.