

# Adventureland Permission/Registration Form

## St. Mark Lutheran Church

1821 North 90<sup>th</sup> Street, Omaha, NE 68114

Phone (402) 391-6148 Fax (402) 399-1682 www.stmarkomaha.org

**Event:** *Trip to Adventureland, IA!*  
**Who:** *Youth grades 6 thru age 18 & your friends.*  
**Sponsoring Group:** *St. Mark Youth Ministry.*  
**Date:** *Thursday, July 7, 2011.*  
**Time:** *7:15 am meet at church, 7:30 am depart time; return by 11:00pm.*  
**Contact Person/Phone:** *Pastor Greg Moyer – 301-7546  
IDCE Steve Prescott – 391-6148*  
**Transportation:** *Rental vans.*



**Cost:** *\$36.00 per person.*  
*(includes Adventureland admission, transportation, breakfast snack)*  
**FOOD MONEY NOT PROVIDED, BRING YOUR OWN FOOD MONEY.**

**Registration Deadline:** *July 3rd (First come, first served WITH FEE)*  
**Registration Limit:** *28*

- Objectives:**
1. Have FUN! and do one (1) nice thing for someone you don't know.
  2. Have more FUN! and ask someone how you can pray for them. "I'm here with my church youth group, how can I pray for you?"
  3. Have even more FUN! and be an example of a Christ like attitude...while having fun!

**St. Mark Youth** can use I.Y.A. monies by checking the box below.

**Checks** made payable to: *St. Mark Lutheran Church*

*(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**  St. Mark Youth: I.Y.A.

(Check appropriate box)

**(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 rental vans 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.

**Please submit payment in full, c/o 'St. Mark Lutheran Church,' with this registration form**