

Youth Cedar Point Trip 2024

August 14-15



Leaving on Wednesday August 14 at 6:30 AM, and returning on Thursday, August 15 by 12:00 Noon.

This trip is open to any 6th-12th Grade student who has attended a Sunday service this summer (they can invite a friend too). We have limited spots open for

transportation for those registered and paid first. **\$80 for ticket, food and drink in the park all day, transportation, housing, and Thursday breakfast. Cost is \$37 if you have your own ticket. Registration and payment is due by Wednesday, August 7 payable to Cornerstone.**

Please complete the trip permission form and turn all payments into Todd Earnst or the church office by August 7. Keep this half of the form.

What to Bring:

- Sun block
- Comfortable clothes/shoes for the park
- Clothes to sleep in
- Clothes for the trip home
- Blanket/sleeping bag & pillow
- Air mattress/sleeping pad (it's a hard floor)
- A meal and drink wrist band will be provided for everyone allowing you to get meals and drinks all day at no extra cost in the park. Any other snacks you want to buy is extra you'll need money for.

Pack tight because we won't have much space!

We will spend the night in a church building (First Christian Church in Sandusky). Everyone needs to stay with at least one buddy at the park. Younger students will have an adult in the group. There will be one full group check in time in person or by phone at 4 PM while at the park. We will stay until the park closes. Contact Todd Earnst @ 414-2130.

Cut and turn in to Todd Earnst

Cornerstone Christian Church 2395 West High Street, Jackson, MI 49203 517-782-1774

For Cedar Point August 14-15, 2024

Trip Permission and Medical Release Form to be completed by all under 18 not coming with a parent (can be completed per family)

Student Name(s): _____

Parent / Legal Guardian Name(s): _____

Primary Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone (if applicable): _____

Parent Mobile/wireless phone (if applicable): _____

Student mobile/wireless phone (if applicable): _____

Other emergency contact person Name: _____

Relation: _____

Phone: _____

I give permission for my child(ren) to participate in this church sponsored event. In the event of an emergency where medical treatment is required, I give my permission to the church staff or other adult sponsor to obtain the services of a licensed physician. I understand that all attempts will be made to notify me concerning such emergency and that I am responsible for the cost of such care.

Signed by parent/legal guardian: _____

Date: _____

Medical Insurance Coverage: _____

Primary Insured: _____

Policy Number: _____

Comments or medical info (i.e. allergies):
