

# Youth Cedar Point Trip 2019

## August 15-16



Leaving on Thursday August 15 at 7:00 AM, and then returning on Friday, August 16 by 12:00 PM.

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. **\$60 for ticket, transportation, housing, and Friday breakfast. Cost is \$20 if you have your own ticket. Registration and payment is due by Sunday, August 4 payable to CCC.**

Please complete the trip permission form and turn all payments into Todd Earnst or the church office by August 4. Keep this half of the form so you remember the date and times.

### What to Bring:

- Sun block
- Comfortable clothes for the park
- Clothes to sleep in
- Clothes for the trip home
- Money for 2 meals and snacks (the park food is not cheap), Friday breakfast is provided
- Sleeping bag and pillow (air mattress/sleeping pad, we get a floor to sleep on)

Pack tight because we won't have much space!

We will spend the night in a church building. Everyone needs to stay with at least one buddy at the park. There will be one 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 15-16, 2019**

**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):  
\_\_\_\_\_