

# YOWSA's Day at Valleyfair!

**WHEN:** Thursday, June 8 from 8:30 a.m. - 10:00 p.m.

**WHERE:** Valleyfair Amusement Park in Shakopee

**COST:** \$35 includes admission and bus

**Bring** a sack lunch **or** spending money for lunch

**WHO:** All incoming 7th graders – 2017 graduated seniors from the area churches. **YOU MAY BRING ONE FRIEND.** They **must** also turn in a permission slip and **\$35 by Wednesday, May 31.**



*This is not a Chisago Lakes school district #2144 sponsored event/activity. All costs for this promotion have been paid for by the sponsoring organization.*

**THE PLAN OF ACTION:** We'll meet at Trinity Lutheran (Lindstrom) at 8:30 a.m. in the Fellowship Hall. Do not get on the buses until the names have been read. Then we'll load the buses and head to Valleyfair, ride the rides, get sunburned, and eat too much! At 8:15 p.m., we'll head home. Please make sure that you are on the bus by 8:10 p.m. or you'll be making a call home. We will be back around 9:30-10:00 p.m. (at Trinity). Please make sure that you have a ride waiting for you there!

**NOTE TO PARENTS & YOUTH:** We have the youth check in with the adults twice during the day. It's painless and doesn't take long. **If youth do not check in the first time, we charge them \$1.00. If they don't check in the 2<sup>nd</sup> time, we charge them \$2.00.** Youth are to check in with the adults so that we know everyone is all right. The reason for charging is to help everyone understand that we are serious about check-in times and that there are consequences when they don't follow-through with responsibility.

Please return this slip with your **\$35** to your church office or youth worker by **Wednesday, May 31.**

**NO EXCEPTIONS!**

**KEEP THIS TOP HALF ... this is information you will need to know.**

Questions?? Call: Veronica 651-257-2474 x56 Linda 651-257-5129 x23 Crystal 651-257-2713 x12  
Justin 651-257-2677 x20 Stacy 651-257-6300 x17 Tari 651-257-2677

**Name:** \_\_\_\_\_ has my permission to participate in the **Valleyfair Day on**

**Thursday, June 8** at Valleyfair with Trinity Lutheran Church in Lindstrom. I recognize that there are risks involved in participating in this activity with Trinity Lutheran Church and hereby assume all risk of injury, harm, or damage to my minor child as they participate in this activity. I hereby release and agree to hold harmless Trinity Lutheran Church and its employees, organizers, and any volunteers assisting in the program, from any and all liability and claims arising out of my child's participation in programs and related activities. I hereby release Trinity Lutheran Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during the event.

In case of emergency, where I cannot be reached, I hereby authorize Trinity Lutheran Church to administer necessary first aid or seek emergency medical attention for my child. I hereby authorize an adult leader of this event, as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and/or hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at the doctor's office or in any hospital. I expect to be contacted as soon as possible. I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child.

I give my permission for my child to be photographed/videotaped. I understand that the images may be displayed in church publications, church building, website and/or social media. I understand that as a precaution, my child's names will NOT be published or linked with photographs.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Parents:** Would you be willing to chaperone? yes \_\_\_\_\_ no \_\_\_\_\_

My child belongs to (church) \_\_\_\_\_

I was invited by \_\_\_\_\_

**EMERGENCY INFORMATION:** In case of emergency, please contact (when parent/guardian cannot be reached): Name \_\_\_\_\_

Phone(s) \_\_\_\_\_

**MEDICAL INFORMATION:**

DOCTOR \_\_\_\_\_ Phone \_\_\_\_\_ or

**CIRCLE ONE:** C. L. Clinic 651-257-8400 ♦ Fairview-Wyoming 651-982-7000 ♦ St. Croix Clinic 1-800-642-1336

Please list any allergies \_\_\_\_\_

Medications being taken \_\_\_\_\_

Medical/dietary needs \_\_\_\_\_

Physical handicaps or limitations \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy# \_\_\_\_\_ Group # \_\_\_\_\_