

## Clayton Crossings Youth Group Trip to **KINGS FEST**

The Youth (6th-12th grade) at Clayton Crossings will have the opportunity to attend Kingsfest on July 9, 2009. Cars will be leaving from the church parking lot at 8 AM on Thursday and will return at 1 AM Friday morning. All drivers will be adult chaperones. No students may drive.

The cost for the trip (which includes an entire day at the park, connecting waterpark, and concert will be \$55. The concert will include performances by Jeremy Camp, RelientK, Family Force 5, Bluetree, and Remedy Drive with special guest speaker Matt Pitt. Students who choose to attend the event will be required to attend the concert. Students will be responsible for their own food cost. All chaperones will be assigned a group of students who they will check on periodically throughout the day.

If you have any questions or would like to be a chaperone for this event please contact Elyse Nemec by phone 550-6877 or e-mail [elysejoynemec@gmail.com](mailto:elysejoynemec@gmail.com).

Parental/guardian release forms and \$55 payment are due June 21.

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TEAR HERE and RETURN BY 6/21/09 with \$55

Student Full Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

Insurance Company: \_\_\_\_\_

Name the the Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Primary Physician and Phone Number: \_\_\_\_\_

Parent or Guardian Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact and Phone Number: \_\_\_\_\_

Medical Concern or Medication: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
I, the undersigned, have legal custody of minor(s) named above and have given our consent for him/her to attend the C@CC trip to Kingsfest on July 9, 2009. I understand that there are inherent risks involved in any ministry or athletic event and I hereby release the Church, its pastors, employees, and volunteers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires medical attention of a doctor, I consent any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claim demands, or suits for damages arising fro the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care not covered by our health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, till be in force for the student(s) named above.

Parent/Guardian Signature and Date:  
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