

Clayton Crossings Youth Group Trip to **Black River Paintball**

The Youth (6th-12th grade) at Clayton Crossings will have the opportunity to play paintball on June 27, 2009. Cars will be leaving from the church parking lot at 8:30 AM on Saturday and will return at 5 pm. All drivers will be adult chaperones. No students may drive.

The cost for the day at Black River will be \$30. This includes mask, gun, and tank rental; free air, and paintballs. Lunch will also be provided.

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.

Parental/guardian release forms and \$30 payment are due June 24.

TEAR HERE and RETURN BY 6/24/09 with \$25 and BRPaintball Release Form

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 Black River Paintball on July 27, 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:
