



Student Information

Full Name (First, Last): _____ Cell #: _____

Date of Birth: _____ Gender: Male Female Grade: 6th 7th 8th 9th

Medical Needs (list allergies, medications, and other pertinent issues):

Contacts & Emergency Information

Primary Parent: _____ Contact Phone #: _____

Emergency Contact: _____ Contact Phone #: _____

Email Address: _____ Address: _____

Medical Insurance Company: _____ Policy Number: _____

- Parent and students understand that our first stop is at Truth Traveler, a 4D video experiences about the Bible.
- Student understands that they must be at the church at 8 am Monday, March 9.
- We understand the trip cost \$25 for the Fritz's Adventure ticket. Lunch is being donated.
(Food and drink are available at Fritz's but its pricey.)
- Form and money is due on February 5.
- Student understands that they do not have to participate in any activity at Fritz's that they do not feel comfortable doing.
- I, the parent, agree to pick up my student from the church around 5-6pm on Monday, March 9, or earlier if contacted by an MVCC sponsor.
- My student understands that he/she is representing him/herself, parents, our church and Jesus while on the trip. If behavior becomes and issue, the student will be "benched."
- I, the parent, understand that I must complete an online waver for my student to be able to participate in any activities at Fritz's Adventure. The link will be provided via email.

Release Information

By submitting this form, you allow **Mountain View Christian Church** to seek whatever medical treatment is deemed necessary and release the church and its staff of any liability. In the case of a medical emergency, you take responsibility for medical care and the cost of any care provided to the students named above. You give consent for the student named above to be involved in all activities planned during the trip being hosted by **Mountain View Christian Church**, and understand that photos and videos of your student may be used in materials for the church and youth ministry.

Please sign your name below in order to agree to the information contained in this form and release **Mountain View Christian Church and all sponsors and volunteers** of liability.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name Printed: _____