

## **Middle School Ropes Adventure Registration Form**

**Sunday, May 22<sup>nd</sup> 12:30-4:30p.m. Cottage Lake Park, Woodinville**

*All current students in grades 6-8 are welcome to participate.*

### **To be filled out by each applicant:**

Name (First, Last): \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Grade during the 2015-2016 (current) school year: \_\_\_\_\_

### **To be filled out by parents/guardians:**

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Second Parent Name (if applicable): \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

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

Email: \_\_\_\_\_

Students will be transported to the park via Holy Cross Van leaving HC at 12:10 PM.

Join us for YMCA ropes course followed by a Family Cookout. Parents and siblings are invited to join the group at 4:30.

Bring: a substantial lunch to eat before the ropes course, water, & rain gear

Wear: sturdy closed toe shoes and snug fitting clothes.

Cost: \$20 per youth

Family Cookout: Families are invited at 4:30. Please be respectful of the youth group doing the ropes course and view them from afar. This is a bonding event for these kids.

Bring something to grill for your family and a side dish or dessert to share with the group. Beverages provided. Dinner will be served at 5 PM.

Where: Reserved Picnic Shelter

Questions? Call Diane Vanden Brook, Jill Nellis, Sue Dimmitt

## Middle School Ropes Adventure Medical Release and Waiver of Liability

Please print the following information for the participating minor/adult:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Parent/Guardian Email \_\_\_\_\_

Parent/Guardian Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Contact's relation to minor or adult participant \_\_\_\_\_

Secondary Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Contact's relation to minor or adult participant \_\_\_\_\_

I, \_\_\_\_\_ legal guardian of the above named minor and in reference to the same minor/adult participant:

Am aware of the purpose and nature of this trip and give my permission for my child/legal charge to participate in all ordinary activities that the youth might engage in on these trips.

Certify that there is no known medical or physical reason to restrict his/her activities.

Understand that in the event of an emergency, every effort will be made to contact me using the information I have supplied above. If I cannot be contacted I authorize the team leaders to consent to any X-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment or hospital care to be rendered to the minor deemed necessary by attending medical personnel. I will be liable for and agree to pay all costs and expenses incurred in connection with such medical and dental services incurred by my child/legal charge.

Give my permission for this minor to ride in any vehicle designated by team leaders or their agents for the purpose of participating in the mission trip and related activities.

Understand that participation in any illegal activity, possession of weapons, drugs, or alcohol, or any other activity that substantially harms (emotionally, physically, or otherwise) another individual member of the group or the group as a whole will result in the named youth being sent home.

Am aware of, understand, and accept full responsibility for all risks of travel and work assigned to my child/legal charge while participating in Ropes Course Adventure. I hereby indemnify and hold harmless the Church of the Holy Cross, Episcopal, and staff and agents of the afore mentioned, and waive any and all legal claims against the same for any injuries, direct or consequential damages or loss that may result from this minor's work and involvement (or my own work and involvement) and I assume all of such risk unto myself.

Participating minor \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian of minor \_\_\_\_\_ Date \_\_\_\_\_