

6TH GRADE IMPACT TRIP

October 1, 2019

APPLICATION & RELEASE FORM

FORMS DUE SEPTEMBER 23, 2019

Traveler Information

Last Name _____ First Name _____

Date of Birth ____/____/____ **Circle one:** Male Female

T-shirt size - **YOUTH** Small Medium **ADULT** Small Medium Large XL

Name of Parent/Guardian _____ Phone Number (____) _____

Parent/Guardian Email Address _____

Health Information

Medications _____

Known health problems _____

Food Allergies _____

Traveler who is under 18 years of age and the parent and/or legal guardian of the traveler.

I _____, the parent and/or legal guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my student, the said minor, my express permission to go on the above Impact Trip with Summit Christian Academy. In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to allow my enrollment medical release form to apply to this Impact Trip. I understand and hereby agree to assume all of the risks that may be encountered with my student's participation, in the above named Summit Christian Academy Impact Trip, including activities preliminary and subsequent hereto, transportation to and from above destination, and emergency medical treatment of said minor during said Impact. By signing this form, I understand that I will be responsible for the full cost of this trip for my student, and that all fundraising activities for this trip, which my child is encouraged to participate in, are only an effort to defray that cost.

I further state that I HAVE CAREFULLY READ THE PARENT INFORMATION PACKET CONCERNING THE 6TH GRADE IMPACT/LEADERSHIP TRIP.

FOREGOING RELEASE, WAIVER, AND INDEMNITY AGREEMENT, KNOW THE CONTENTS THEREOF, AND I SIGN THIS DOCUMENT AS MY OWN FREE ACT. This is a legally binding agreement that I have read and understand.

Parent/Legal Guardian Name (Printed)

Date

Parent/Legal Guardian Name (Signature)