

TBC Teens - Kings Island/Creation Museum Trip

June 25 & 26th of 2010 the Trinity Teens will be traveling visit King's Island and the Creation Museum. We will leave early Friday, June 25th and return on the evening of Saturday, June 26th. The cost of the trip is \$100 per registration and that will cover admission to both locations as well as lodging for the night.

If you are interested in going on this trip please register by filling in the form below. If you have any further questions please contact Darye Henry – Email: teens@tbcindy.org – Phone: (317) 507-3611

We are also looking for potential Chaperones for this event. Please also submit your information below.

Registration Information

Registration Type (circle one): Teen | Parent | Chaperone

Name: _____ Phone: _____ Age: _____

Address: _____ City _____ State _____ Zip Code: _____

Do you need financial assistance (circle one): Yes | No

For Parents of Minors: Medical Emergency Services Allowance Release

In the event that my minor child, _____, has need of medical attention, I do hereby give my permission for the staff and sponsors of the Trinity Baptist Church of Indianapolis to seek such help including emergency surgery if the particular medical emergency warrants. I understand that every effort will be made to contact me or my alternate responsible party prior to emergency surgical procedures, unless the particular situation does not allow due to the threat of loss of life.

I give my minor child full consent to attend the activities of Trinity Baptist Church of Indianapolis from Indianapolis, IN to Cincinnati, OH to Petersburg, KY. It is my understanding that the staff and volunteers of Trinity Baptist Church of Indianapolis will take all of the necessary precautions to ensure the safety of my child. I do hereby release the above stated organization from any legal or financial obligation due to the injury of my above named minor.

Parent/Legal Guardian Name: _____

Emergency Phone 1: _____ Emergency Phone 2: _____

Alternate person to contact in case of emergency if parent can't be reached:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Insurance: [Please attach a copy of the front and back of your child's insurance card]

Medical history/known allergies to food, drugs, bee stings, etc

_____(If more space is needed please use back of sheet)

List all medicine currently taking and what medical condition it is taken for:

Transportation Allowance

My above listed child is allowed to travel with Trinity Baptist Church of Indianapolis in the transportation provided by the above named church.

I agree to the terms and conditions stated above.

Signature of Parent/Guardian: _____ Date: _____