



Activity:	Winter Restart	When: February 16-17 (8 PM to 8 AM)				
Where:	Snow Trails, Altitude T	Snow Trails, Altitude Trampoline Park, & Calvary Baptist Church				
<b>Cost:</b> \$40 (\$	\$20 WITH FIRST TIME GUE	T) (\$10 FOR GUEST)				
Girls – No lo	. Follow these guidelines:	ng. Casual but modest and appropriate clothing for the trampoline park Pants or shorts to the knee are fine. ts to the knee are fine.	: &			
□ I ac	knowledge that the medi	al information on file for my child/children is up to date and current.				
Students Nam	ne:	Parent Contact #:	Parent Contact #:			
Activity:	Winter Restart	Date: February 16-17, 2017				
injury I desire		pove-named activity, which is sponsored by Calvary Baptist Church. In case of illness on the necessary treatment by activity activity	r			
		ch and its volunteers of any and all liability, actions, causes of actions, claims, expense on with participation in the described activity."	5,			
Date		Signature of Custodial Parent/Guardian				
Activity: Where:	Winter Restart  Snow Trails, Altitude T	When: February 16-17 (8 PM to 8 AM) ampoline Park, & Calvary Baptist Church				
<b>Cost:</b> \$40 (\$	\$20 WITH FIRST TIME GUE					
Girls – No lo Guys – No c	. Follow these guidelines: ow-cut shirts or tank tops. cut-off shirts. Pants or sho		&			
	e:	al information on file for my child/children is up to date and current.  Parent Contact #:				
	Winter Restart					
"I give permis: injury I desire	sion for my child to attend the c	pove-named activity, which is sponsored by Calvary Baptist Church. In case of illness on the necessary treatment by activity activity	r			
		ch and its volunteers of any and all liability, actions, causes of actions, claims, expense on with participation in the described activity."	s,			
Date		Cincature of Contadial Descrit/Constitution				
		Signature of Custodial Parent/Guardian				



## **Medical Information**



	Date				
Name(s)					
Phone	Emergency Phone				
Medical Insurance Company					
Policy No	Physician				
Custodial Parent/Guardian Name					
Custodial Parent/Guardian Signature					
CALVORY BAPTIST CHURCH	Medical Information	Walk 1861			
Name(s)					
Address					
Phone	Emergency Phone				
Medical Insurance Company					
Policy No	Physician				
Custodial Parent/Guardian Nan	ne				

Custodial Parent/Guardian Signature\_\_\_\_\_