

Six Flags

July 27, 2010

FIESTA TEXAS!

Cost: \$45 (or \$25 with Season Pass)

... plus money for 2 meals at the park.

Check one: I need a ticket I have a Season Pass

Attendee Name: _____
(please fill out a separate form for each student/parent)

Home Phone: _____

Attendee Cell Phone: _____

Attendee Email: _____

Street Address: _____

City/State/Zip: _____



Gender: **M** **F**

Grade Last Completed: **5th** **6th** **7th** **8th** **9th** **10th** **11th** **12th** **Adult**

T-shirt Size (*circle one*): **Youth-S** **Youth-M** **Youth-L**

Adult-S **Adult-M** **Adult-L** **Adult-XL** **Adult-XXL**

PARENT INFORMATION (*if this is a student registration*):

Parent(s)/Guardian(s) Name: _____

Parent(s)/Guardian(s) Cell Phone: _____

EMERGENCY CONTACT INFORMATION (*list as many numbers as you can*):

Name: _____

Phone: _____

Phone: _____

Phone: _____

Please return completed form to the HighPointYouth Registration Box in the Lobby or to Mike or Jeanne-Mari.

Don't forget to fill out the other side!

PARENT CONSENT AND AGREEMENT

Name of Trip: **2010 HighPointYouth Six Flags Fiesta Texas Road Trip**

Name of Student: _____ Birth Date (M/D/Y): ____/____/____

wishes to be participant on a HighPoint Fellowship road trip which will be traveling to and from San Antonio, Texas, and WHEREAS, certain circumstances may occur resulting in my need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment; THEREFORE, In consideration of permission from HighPoint Fellowship Youth Ministry for myself to participate in said road trip,

I, _____ (*parent's name*), authorize HighPoint Fellowship to consent to all medical/dental care and treatment, including but not limited to diagnostic test, x-ray, examination, anesthesia, surgery, or other procedures which HighPoint Fellowship deems necessary for my medical well-being for the duration of the trip. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required and to the administration of any over the counter medications including but not limited to Tylenol, Advil, allergy medications, and is given to provide authorization and specific, consent for medical/dental treatment and care in my behalf. Any consent by HighPoint Fellowship shall have the same force and effect as if I had personally given the consent.

I certify that...: (check one)

- I DO have personal health insurance, with no territorial limitation, for the providing of medical services to me which will provide coverage for me during the duration of said road trip. I understand that HighPoint Fellowship provides no health plan except the travelers short-term insurance.**
- I DO NOT have personal health insurance. I will take responsibility for and medical expenses related to the care and/or treatment of my child.**

Insurance Company

Policy #

Insurance Company Phone Number

Please complete the following questions:

Is your student currently taking any prescribed medication? Yes No

If yes, please specify the medication and the dosage: _____

Is your student presently under a physician's care for any illness? Yes No

If yes, please specify: _____

Are there any or has your child ever had any serious health issues (allergies, chronic health issues, etc.) that need to be factored into their participation on this trip or in the event of a medical emergency?

Parent Signature

Date

Print Name

Cell or Home Phone