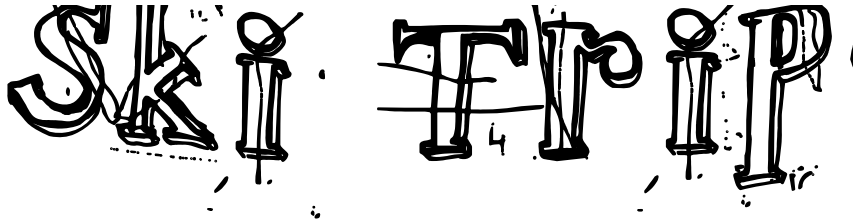


Form and Amount Due January 24

ATF
-PRESENTS-



Student Name _____ Age _____ Grade _____
Address _____ City _____ Zip _____
Name of Parent or Guardian _____ Parent/Guardian e-mail: _____
Parent Home Phone# _____ Parent Cell Phone# _____
Emergency Contact(s) _____ Phone #: _____

Form due date: January 24, 2010

Event: AtF Ski Trip

Event Description: Skiing with AtF at Wilmot Mountain

Event Date: January 30, 2010

Drop Off time/location: 9:30am/Joy!

Pick Up time/location: 4:30pm/Joy!

Cost: Lift Ticket/Lesson* \$30
Lift Ticket/Ski Rental/Lesson* \$40
Lift Ticket/Snowboard Rental/Lesson* \$50\$

Extra Costs to consider: Ski Lodge Food (very pricy- may want to bring a sack lunch)

Insurance Information

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD TO THIS FORM

Company _____ Policy # _____

I _____ (name of Parent or Guardian) give permission for my child _____ (name) to take part fully in:

AtF Ski Trip

I understand that every effort will be made to protect and safeguard my child. Therefore, I agree not to hold Joy! Lutheran Church liable for any illness or injury which my child may sustain. I also, do hereby, give permission for a physician selected by Joy! Lutheran Church and its leaders to provide any treatment and/or procedure deemed necessary for my child in the case of a medical and/or surgical emergency. I understand I will be notified of such an emergency as soon as possible.

Any special needs/allergies/medications? If so, please list here...you can use the back, too.

Signature of Parent or Guardian: _____ **Date** _____