



All Youth Knott's Berry Farm Trip

Sunday, Nov. 24th, — Monday, Nov. 25th.
\$45 covers-park ticket, ride, lodging.

Meet: 3:00 pm
At Mountain View
on Sunday,
11/24
Great program
Sunday night at
the church where
we're staying!
All day in the
park on Monday

Return:
About midnight
on Monday
11/25 to
Mountain View



Contact your Youth Leader for more information

Bring:
Good attitude!
sleeping bag,
change of
clothes, tennis
shoes, tooth
brush, jacket,
deodorant,
money for 4
meals & gifts.

Absolute
deadline to
sign-up is
Sunday,
November 17.



All Youth Knott's Berry Farm Trip

Sunday, Nov. 24th, — Monday, Nov. 25th.
\$45 covers-park ticket, ride, lodging.

Meet: 3:00 pm
At Mountain View
on Sunday,
11/24
Great program
Sunday night at
the church where
we're staying!
All day in the
park on Monday

Return:
About midnight
on Monday
11/25 to
Mountain View



Contact your Youth Leader for more information

Bring:
Good attitude!
sleeping bag,
change of
clothes, tennis
shoes, tooth
brush, jacket,
deodorant,
money for 4
meals & gifts.

Absolute
deadline to
sign-up is
Sunday,
November 17.



Permission Slip

I _____ am the parent/ legal guardian
(Name or parent or legal guardian)

of: _____ Age: _____
(Name of Child)

I hereby consent to & authorize my child (above) to participate in “Knott’s Berry Farm” conducted by Grace Community Church on November 24-25, 2019. We further authorize my child (above) to travel with representatives of the Church in private or church vehicles. If a parent, family physician, or dentist cannot be contacted promptly, and a medical or dental emergency has been determined to exist, the undersigned parent or guardian of the child named above hereby authorizes any representatives of the Church for and on behalf of the undersigned, to consent to any x-ray, anesthetic, medical, surgical or dental diagnosis of treatment and any hospital care deemed advisable and rendered by any licensed physician, or surgeon, EMT, nurse, or dentist, whether in his/her office or in any licensed hospital or health care facility. This authorization is given in advance of any such required care for purposes of empowering any such representative or official of the Church to give the above described consent for any such medical, or dental, as he/she may deem advisable. We hereby agree to pay any and all reasonable charges incurred as a result of any such medical or dental treatment and to hold the Church and its representatives and officials harmless. The undersigned hereby release the Church and its authorized representatives and officials of and from any and all liability to the undersigned arising out of or in connection with activities related to the Church, or any travel connected therewith, except for such liability as may arise from the gross negligence or willful misconduct on the part of the Church or its representatives or officials. To the extent that any applicable law prevents or prohibits the under signers’ release of the Church from any liability to child(above) as set forth herein, we hereby agree to indemnify and hold harmless the Church and its representatives and officials of and from any such liability as may be imposed upon any of them.

Signature:

Parent or Legal Guardian

Date

Emergency Phone number: _____

Permission Slip

I _____ am the parent/ legal guardian
(Name or parent or legal guardian)

of: _____ Age: _____
(Name of Child)

I hereby consent to & authorize my child (above) to participate in “Knott’s Berry Farm” conducted by Grace Community Church on November 24-25, 2019. We further authorize my child (above) to travel with representatives of the Church in private or church vehicles. If a parent, family physician, or dentist cannot be contacted promptly, and a medical or dental emergency has been determined to exist, the undersigned parent or guardian of the child named above hereby authorizes any representatives of the Church for and on behalf of the undersigned, to consent to any x-ray, anesthetic, medical, surgical or dental diagnosis of treatment and any hospital care deemed advisable and rendered by any licensed physician, or surgeon, EMT, nurse, or dentist, whether in his/her office or in any licensed hospital or health care facility. This authorization is given in advance of any such required care for purposes of empowering any such representative or official of the Church to give the above described consent for any such medical, or dental, as he/she may deem advisable. We hereby agree to pay any and all reasonable charges incurred as a result of any such medical or dental treatment and to hold the Church and its representatives and officials harmless. The undersigned hereby release the Church and its authorized representatives and officials of and from any and all liability to the undersigned arising out of or in connection with activities related to the Church, or any travel connected therewith, except for such liability as may arise from the gross negligence or willful misconduct on the part of the Church or its representatives or officials. To the extent that any applicable law prevents or prohibits the under signers’ release of the Church from any liability to child(above) as set forth herein, we hereby agree to indemnify and hold harmless the Church and its representatives and officials of and from any such liability as may be imposed upon any of them.

Signature:

Parent or Legal Guardian

Date

Emergency Phone number: _____

