

**Trinity Youth Ministry
Parental Permission Slip
For Sky Zone Trampoline Park and Badger Games Park**

On Tuesday, Aug 8 Trinity Youth grades 6 - 12 will be going to SkyZone Trampoline Park and Badger Games Park in Appleton for an afternoon full of fun. We will be leaving trinity at 12 pm and returning around 10ish. The cost is \$30 which includes 60 minutes of trampoline fun at Sky Zone, plus supper and Mini-golf, Laser tag, Batting cages, Mini bowling, Go karts, and Video games at Badger Sports Park. Everyone participating at Sky Zone needs to have a waiver completed by a guardian or themselves if over 18.



****Your permission slips must be turned in to Pat Stark****

Please return lower half and keep upper half for your records

Name: _____ Grade: _____

Parent(s) Phone #
(Where They Can Be Reached During
Event)

Home: (____) ____ - ____
Cell: (____) ____ - ____

Please fill in if you haven't done so yet this school year or if information has changed since our last activity that your child attended.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by **Trinity Youth Ministry**.



HOSPITAL INSURANCE: YES NO

INSURANCE COMPANY: _____

POLICY NUMBER: _____

GROUP NUMBER: _____

EMERGENCY PHONE: (____) ____ - ____

NAME & RELATIONSHIP: _____

PARENT OR GUARDIAN SIGNATURE: _____

On the back of this page, please list any and all allergies and/or special medical problems your child may have. Thank you!

Parents:

- I am **Willing to Drive** and can hold ____ People (including yourself)
- I am **Willing to Chaperone** during the event.

Please let Pat Stark (551-8768) know if you are willing to help during this event.