



ONE DAY AFTON SKI TRIP



MARCH 7th, 2010 7TH - 12TH GRADERS

COST: \$24

INCLUDES: Ski lift ticket w/o rental and Supper

**EXTRA \$\$: Money for Snacks and
Add \$18 for ski or snowboard rental (\$42 total)**



Afton Alps, Afton MN

Leave on Sunday, 3/7 at 1:00 p.m. – Return on Sunday, 3/7 at 9:30 p.m.

DEADLINE TO SIGN UP: Wednesday March 3, 2010

Afton Alps # (651) 436-5245

REGISTRATION / MEDICAL FORM

THIS FORM MUST BE BROUGHT WITH YOU TO ATTEND

Student Name _____ (Circle one) Male or Female / Birthdate _____ Grade _____ Paid _____

Address _____ City _____ State _____ Zip _____

Custodial Parent / Guardian: _____ Student Email: _____

Home Phone# _____ Work Phone# _____ Cell Phone# (If Available): _____

Any known health conditions _____ Allergies _____ Date of most recent Tetanus shot _____

Health Plan Carrier _____ Name of Insured _____ Relationship to Participant _____

SS # or Policy # or Insurance ID Number: _____ **(CURRENT MEDICAL FOR 2010)**

Additional Emergency Contact Person _____ Phone # _____ Relationship to student _____

- Check box for if you have an Afton pass (If you have a pass there is NO COST for this event!!)
- Check box for if you need rentals (\$18 additional) Check box for if you have never skied before—we recommend ski lessons (1 hour lesson with purchase of ski lift ticket and rental, otherwise \$4)

I, the undersigned, am the parents, the parents having legal custody, or the legal guardians of _____, a minor, and have given my consent for him or her to attend **ONE DAY SKI TRIP on March 7th, 2010**. I give permission for my child to participate in any/all of the activities. I agree to hold Woodbury Lutheran Church &/or it's agents guiltless in the event of an accident or injury to my child (student named above) while participating in the event & activities on the church property or other location. I also give permission for the church &/or agents to order necessary medical care & treatment. I understand I will be contacted as soon as possible in the event of an emergency. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Promotional: Woodbury Lutheran Church may use comments, photos& videos of named student in promotional pieces.

SIGN UP/REGISTRATION POLICY: To sign up for this event we must receive this registration form and your payment/deposit by the deadline date given above. No participant is officially registered until, these two items, are received by Stacy Winter at the Woodbury Lutheran Church office. If your registration is late you can contact the Church office to see if any of these spots are available.

I have completed the above requested information, have read and agree to the above statements /conditions.

Parent's Signature _____

Date _____

Woodbury Lutheran Church – Youth Ministry – 7380 Afton Road, Woodbury, MN 55125 – Contact person: Derek Broten (651)739-5144 ext.211