



## Information for Parents

1. We'll meet at the church at 7:30am on Wednesday, July 17 at door #20 and drive to Holiday World in Santa Clause, IN. Remember to eat breakfast before you arrive. We will return around 10:00pm that evening.
2. Remember, your child will need money for 2 meals – these will be eaten in the park and cost a bit more than fast food meals.
3. If you need to get a hold of Tyler in case of an emergency, he can be reached at 317.407.2688.

### Registration and Payment:

An early bird payment of \$40 is due by Sunday, June 23.

The regular rate payment of \$50 is due by Sunday, July 7

The SOCC Student Ministry registration form is due by July 7 unless you have one on file with the church.

### Three ways to pay:

1. Cash
2. Check (made payable to SOCC)
3. Debit/Credit Visit [www.soccstudents.org](http://www.soccstudents.org)

### PACKING LIST:

- Appropriate bathing suit – if going to the water park
- Beach towel – if going to the water park
- A watch or something to keep time with so that you can always know what time it is!
- Money for 2 meals
- Optional money for souvenirs

Remember, you are attending a Christian function, so bring appropriate clothing and swimsuit. If you question whether or not it's appropriate, ask an adult or play it safe and leave it at home.



**Student Registration Form**  
**Sherwood Oaks Christian Church**  
2700 E. Rogers Road  
Bloomington, IN 47401

Check event:

- CIY Mix
- Holiday World

If you have filled out this form in 2013, you do not need to turn it in. We have one on file for you.

1

**Parent/Guardian Contact Information**

Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

2

**Student Registration**

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Food allergies or restrictions \_\_\_\_\_

Current Medications \_\_\_\_\_

If listed medications above, does an adult need to be responsible for the keeping and/or administering of medications?

- Yes
- No

If yes, please list instructions \_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Group# \_\_\_\_\_ Policy/ID# \_\_\_\_\_

3

~~**Rooming Requests (optional)**~~

~~Please list up to three friends:~~

~~1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_~~

4

**Parent/Guardian Agreement**

I give the participant listed above permission to participate in activities sponsored by Sherwood Oaks Christian Church. I authorize an adult, in whose care the minor has been entrusted, to consent to any X-Ray examination or medical or dental treatment to be rendered to the minor on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to my child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, the signed shall assume all transportation costs. I give permission for my child to ride in any vehicle designed by the adult in whose care the minor has been entrusted while participating in activities sponsored by Sherwood Oaks Christian Church.

In consideration for the participation in activities sponsored by Sherwood Oaks Christian Church ("Church"), the signed, for myself and my child, hereby release and forever discharge Church and all other persons associated with Church, from any and all actions, causes of action, claims and demands, known or unknown, which I or my child participating in activities sponsored by Church may now have or may have in the future on account of or arising out of any accident, casualty or event which may occur while under the direction of Church ministries or arising out of participating in activities sponsored by Church. I acknowledge that there is no worker's compensation or accident insurance furnished by Church.

This release of liability is binding on the signed, the child of the signed participating in activities sponsored by Church, all persons claiming through the signed or said child, and the heirs and personal representatives of the signed and said child.

I have read this release and understand all of its terms. I agree with its terms and sign it voluntarily.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_