



30th Annual LYF Day @ Valleyfair! June 27, 2011



OPEN TO: All Youth Grades 7-12

Cross View Lutheran Church—6645 McCauley Trail W—Edina, MN 55439

www.splatyouth.net

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INFORMATION PAGE
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**Place
Refrigerator
Magnet
Here**

DATE:

Monday, June 27, 2011

TIME:

Leave: 9:15 AM (From Cross View)

Return: 8 PM (At Cross View)

WHO:

Any Youth Grades 7 & Up (September 2010)

Adult Chaperones Are Needed (Chaperones only \$10.00)

PLACE:

Valleyfair Park

COST:

Paid by May 30 only \$25.00!!! (includes LUNCH)

Paid By June 12 \$26.00—(Includes LUNCH!)

After June 12 \$25.00 Ticket Price (No Lunch)

REGISTRATION:

Return Next page form with money to Church Office.

Online Pre-Registration must still be paid by above dates for the discounts.

PRE-REGISTRATION:

Let your friends know you are planning to attend by signing up on the website. (This does not constitute a registration or hold you a spot but simply lets your friends know your plans and helps us) *We will draw from all paid Online Pre-Registrations June 12th for a refund of registration paid!*

Registration Form

-tear on the fold and return this portion

Return this form to the Church office with your money as soon as possible.

_____ has my permission to attend **VALLEYFAIR 6/27/11**

In the event of an emergency and I can not be reached, I hereby authorize a leader of this activity to act as an agent for me or the Minor, to consent to: any x-ray examination, medical, dental, or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or county where services are rendered, either at the doctor's office or in a hospital. I expect that every effort will be made to contact me before and after assistance is rendered.

I certify that I am of lawful age and competent to sign this release, or that I have all right, power and authority to do so on behalf of this Minor, that I understand it's contents and that I have signed this release voluntarily.

I also hereby give permission for the above named to be photographed and or video taped at the event for the express use of Cross View Lutheran Church, and the LC-MS in publication and presentations. (If NO Initial here _____)

Signature _____ Date: _____

Relationship to participant: _____

- I understand that adults leaders are needed for the enjoyment and safety of this day.
 - However I am not able to attend this event.
 - I am able to help chaperone this event in support of SPLAT Youth Ministry.
- I understand that a current and complete "Medical Release Form" must be on file and that if I need one I may download it from www.splatyouth.net. (Forms are good for 1 year)

IN CASE OF EMERGENCY CONTACT: _____

Phone Numbers: _____

Relationship: _____

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