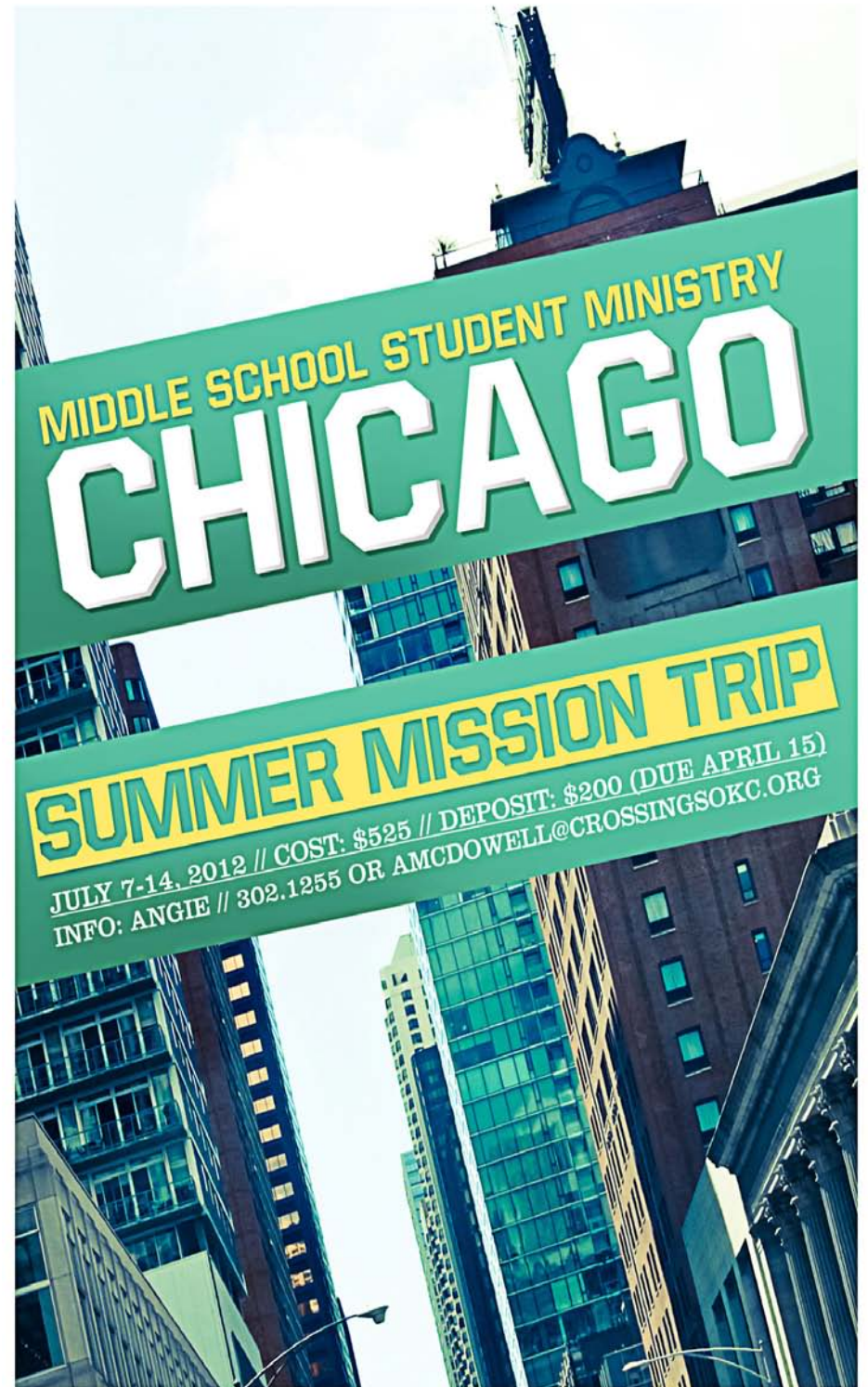




crossings
COMMUNITY CHURCH

middle school ministries
14600 N. Portland Ave.
Oklahoma City, OK 73134



Trip Itinerary

Medical Release

Travel Info:

July 7 - Meet at the CCC South entrance at 9:00 am. Will stop overnight in St. Louis

July 14 - Pick up at CCC South entrance. Time to be announced.

Cost:

The cost is \$525 per student

- ⊗ April 15 - \$200 Non refundable deposit due
- ⊗ May 20 - \$200 2nd payment due
- ⊗ June 17 - \$125 Final payment due

You will need:

Money For:

- ⊗ 8 fast food meals & 2 \$10 meals
- ⊗ Snacks
- ⊗ Free time (movies, souvenirs, etc.)

Bring with you:

- ⊗ Bible, pen or pencil
- ⊗ Towels, washcloths, toiletries
- ⊗ Pillow and sleeping bag/bedding
- ⊗ Snacks
- ⊗ Swimsuit - One piece only
- ⊗ Sunscreen, hat, sunglasses
- ⊗ Work clothes/shoes
- ⊗ Casual clothes/shoes
- ⊗ Camera

Emergency Contacts:

Mike Fackler - 255-7071
Lindsey Sturdy - 826-2790

Name_____ Age_____ Birthdate_____

School (in the fall)_____ Gender_____

Grade (in the fall)_____ Is CCC your church home?_____

If not, where is your church home?_____

Address (complete)_____

Emergency Contact_____ Relationship_____

Home Phone_____ Cell_____ Work_____

Emergency Contact_____ Relationship_____

Home Phone_____ Cell_____ Work_____

**Please attach a copy of insurance card.*

DATE OF LAST TETANUS SHOT _____

PHYSICAL LIMITATIONS (asthma, diabetes, allergies, etc.)

REACTIONS TO MEDICATIONS (rare blood types, etc)

I give permission for my above named child to attend *MSM Servant Leadership Mission Trip July 7-14, 2012*. I understand the cost is \$525, due in advance and no refunds will be made. I understand the group will be traveling via 12 passenger vans & charter bus.

I hereby release Crossings Community Church, it's staff and volunteers from any and all liability for any injury or illness that my child might sustain during this trip. In the event of an emergency, I hereby authorize an adult leader of this trip to act as an agent for me to consent: to an x-ray examination; to medical, dental or surgical treatment; and to hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or country where the services are rendered, whether at a doctor's office or any hospital.

I also acknowledge and agree that all financial debts incurred are my responsibility and not that of CCC, it's staff or volunteers.

In case of disciplinary action, my child will be sent home at my expense and the CCC staff will be released from any obligations.

Signature of parent/legal guardian

Date