

# Midnight Madness Mad River Trip Details & Permission Slip Friday, March 5, 2010

**Registration and Money Deadline:** Wednesday, March 3rd

**Itinerary:**

8:30 pm	Meet at church
9:00 pm	Leave for Mad River
10:00 pm	Arrive at Mad River
3:00 am	Leave Mad River
4:00 am	Return to GCCN



*Please make checks payable to GCCN.*

**YOU MUST CIRCLE ONE:**

	<b>Adult (13yrs &amp; older)</b>	<b>Junior (12yrs &amp; younger)</b>
Midnight Madness Tubing Pass	\$55	\$44
Have Season Pass and Own Equipment	\$5	\$5
Lift Pass Only (bring own equipment)	\$35	\$24
<i>Lift Pass and Equipment Rental:</i>		
Skis	\$60	\$44
Snowboard	\$64	\$48
Snowblades	\$64	\$53

**\*\*\*\*\*You will need additional money for food at Mad River\*\*\*\*\***

Student _____ Grade _____ Birth Date _____ Address _____ City _____ State ____ Zip Code _____ Phone (_____) _____ Emergency Phone _____ (Required)	<h2 style="margin: 0;">Youth Event Parental Permission Form</h2> <p style="margin: 0;">EVENT YOU ARE ATTENDING: _____</p> <p style="margin: 0;">_____ Parent / Guardian Signature                      Date</p> <p style="margin: 0;">_____ Parent / Guardian Signature                      Date</p>
<p style="font-size: small;">The undersigned does hereby give permission for our (my) child, _____, to attend the above named event. We 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 agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our 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 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 Grove City Church of the Nazarene.</p> <p style="font-size: small;">Please list any allergies or special medical problems your child may have. Thank you.</p>	

