

# **Important Information:**

SkyZone January 21, 2017

Sign-Up by January 15<sup>th</sup>!

Check in begins at 7:45 PM January 21 at Crossroad Community Church. Vans will leave CCC at 8:00 sharp, as we need to check in at SkyZone by 8:30. *If you are not at CCC by 8:00PM it will be your responsibility to get transportation to SkyZone.*

*Cost is \$27.00 for first student, and \$20.00 for each additional sibling.* Cost includes ticket for two hours of Glow Jumping, Glow T-Shirt, SkyZone Socks (required) and transportation. This form is required for each student, and payment should be made at the time this form is submitted.

We will be at SkyZone until 11:00PM and will return to CCC at 11:30PM.

- In case of emergency call Warren Robison at (317) 401-1044
- Possession of tobacco, drugs, alcohol, or behavior that is harmful to the group or facility will result in immediate parent pick up and loss of fee.
- Please dress appropriate for Jumping, sweating and fun.
- **Please do not bring valuables that you cannot be responsible for. CCC staff and volunteers will NOT be responsible for replacing lost phones, iPods, etc.**

*Please cut off the entry from and return it with your check. Keep the above info for reference. Make checks payable to Crossroad Community Church*

I give permission for my son or daughter \_\_\_\_\_, to participate in the Crossroad Community Church SkyZone event on January 21, 2017. In the event of an emergency where medical treatment is required, I give permission to the Crossroad Community Church staff or volunteer to obtain the services of a licensed physician. Please attempt to notify me immediately. During this activity, I can be reached at:

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or guardian)

Printed: \_\_\_\_\_ Relationship \_\_\_\_\_

In consideration of the minor's participation in the YFC event, I (we) agree to release, indemnify and hold harmless Crossroad Community Church, its employees and agents, contracted or otherwise, from any liability, diseases, or damages resulting from said participation.

Student Name: \_\_\_\_\_

## **Chaperone**

I, \_\_\_\_\_ would like to volunteer as a chaperone. If would like to participate in jumping, and your child is attending your cost would be \$20.00. Otherwise there is no cost.