



## CROSSROADS JH Kennywood Trip

**June 13**

**What?** - A JH day trip to Kennywood for anyone grades 6-8.

**When?** - June 13

**Where?** - Meet at St. Paul's at 9am, returning between 8 and 9 pm.

**What should I bring?** - Your permission slip, money for food in the park, sunscreen, water bottle, a good attitude!

**Cost** - \$30. This covers your entry into the park, Crossroads will provide transportation. You're responsible for your own food (lunch and dinner).

**Everyone will be required to remain in a group of no less than 4 people during the entire stay in the park. Each group will be accompanied by an adult leader or high school leader.**

Any questions? Contact Rhea at 540-333-4868.

# CROSSROADS RETREAT PAYMENT SLIP

Please return this slip with your child's retreat payment. This helps us keep accurate records as we prepare for the trip.

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

*Total Amount Due for Kennywood = \$30*

*Balance (\$30) due May 15.*

*Please select:*

- I would like to discuss scholarship options for my child.  
Please have Rhea call me at the phone number listed above.
  
- I have enclosed the **full balance** for the trip.
  
- I have enclosed the full balance for the trip as well as an **additional** donation for the scholarship fund.

\* My donation amount is: \$\_\_\_\_\_

Payment Enclosed:\$\_\_\_\_\_

Date Submitted:\$\_\_\_\_\_

*\*If you wish to make an additional contribution, it will be added to the Crossroads scholarship fund to help make these trips accessible for all students.*

# Crossroads Permission Slip

Student Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I give permission for my child to join Crossroads Youth Ministry for a day at Kennywood. I understand that my child will be traveling by van and riding fast, big, rollercoasters. I also understand that my child will be in a group of no less than 4 with an adult or high school leader. I understand that these activities all come with inherent risk and accept those risks.

I hereby release Crossroads Youth Ministry and St. Paul's Presbyterian Church, its staff and sponsors, for responsibility and liability for any injury or illness that my child may sustain during this activity. Initial: \_\_\_\_\_

In the event of an emergency, I hereby authorize the adult leader of this activity, as an agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Allergies \_\_\_\_\_

Pertinent medical concerns  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact:**

If I am unable to be reached, I give permission for the following to be contacted. They have my authority to give permission for medical care and treatment.

**Contact #1**

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

Phone: \_\_\_\_\_

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

**Contact #2**

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

Phone: \_\_\_\_\_

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