



parkside  
**(middle)**  
SCHOOL



Wildwater  
Kingdom 2011

# Wildwater Kingdom 2011

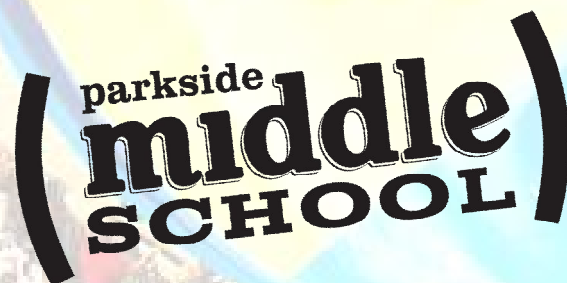
DATE: **Tuesday, July 19th**  
(no Club JV that night)

TIME: **11:00 a.m.– 5:00 p.m.**

PLACE: **Get dropped off and  
picked up from Wildwater  
Kingdom (1100 Squires  
road, aurora Ohio 44202)**

COST: **\$20.00 (checks payable to  
Parkside Church)**

BRING: **The form, a modest swim-  
suit, a towel, extra money  
for lunch, & A FRIEND!**



## Medical & Media Release



*I give my consent and permission to the chaperones to have any necessary emergency medical aid administered to my child while he/she is participating on a youth activity with Parkside Church. I also do hereby release Camp Patmos and Parkside Church, its officers, employees, agents and members of the Board of Elders from all claims and causes of action by reason of any injury. By signing my name below, I agree to allow Parkside Church to use my child's photo in their public media, including their web site and brochure. I understand that his/her name will not be used on any photo.*

Name of Child \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Gender: Female/Male

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Health Policy or Card Number \_\_\_\_\_

Contact number in case of an emergency \_\_\_\_\_

Please list any medication or medical needs your child has  
\_\_\_\_\_  
\_\_\_\_\_



**Register by Bringing  
your form with you  
for more information  
please contact:**

**Parkside Church  
Caitie Rice  
7100 Pettibone Rd  
Chagrin Falls, OH 44023  
440.708.2117  
cfrance@parksidechurch.com**

