



## Fun & Sun at the Wapak Pool

- What:** A student trip to the Wapakoneta Waterpark for grades 5-12.
- When:** June 23, 2022. We will meet in the East Campus HopeShakers room at 10:30am and will leave promptly at 11am. We will return to the church at 3pm.
- Cost:** \$7 cost includes pool entrance and travel. **Students need to bring extra money** for their own drinks and snacks.
- Register:** [shawneealliance.com/events](http://shawneealliance.com/events) or scan QR code by **June 19**.  
Forms must be completed to attend.



**Contact:**

Josh Kennedy

Student Ministry Leader

[josh@shawneealliance.com](mailto:josh@shawneealliance.com)

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Please keep the back of this page for your own reference.

## Activity Participation Agreement

### Activity Information

Shawnee Alliance Church  
4455 Shawnee Road  
Lima, OH 45806  
(419) 991-6546

Wapakoneta Waterpark  
106 Hamilton Rd  
Wapakoneta, OH 45895

Name of Ministry: Student Ministry (Middle School and Sr. High)

Ministry Leader: Pastor Josh Kennedy

Activity: Fun & Sun at the Wapak Pool

Date(s) and location of activity: June 23, 2022 at Wapakoneta Waterpark. Pickup and drop-off at Shawnee Alliance Church, East Campus HopeShakers room.

### Participant Information *(To be completed by participant or authorized guardian)*

Name of participant: \_\_\_\_\_

Grade for 2021-2022 school year: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Names of parents/guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_

Daytime telephone: \_\_\_\_\_ Evening telephone: \_\_\_\_\_

List any allergies or medical conditions: \_\_\_\_\_

Is sponsor authorized to approve medical treatment?  Yes  No

Is participant covered by personal/family medical insurance?  Yes  No

If yes, name of insurer: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

## Participant Agreement

As parent/legal guardian of \_\_\_\_\_, I give my permission for my child to be involved in the activity/trip mentioned above. I acknowledge that participation in the activity described above (the “Activity”) involves risk to the Participant (and to Participant’s parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the Activity, we the Participant and parent/guardian acknowledge and accept the risks of injury associated with participation in and transportation to and from the Activity. We accept personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the Activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the “Activity Sponsor”). Further, we release and promise to indemnify, defend, and hold harmless Shawnee Alliance Church for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

I have reviewed the Personal Conduct Agreement with my child and have encouraged them to abide by their covenant. I therefore understand that if they chose not to abide by the rules set forth in the Personal Conduct Agreement, or refuse to follow the directions of Shawnee Alliance Church Staff and appointed volunteers, disciplinary action will be taken. Should my child continue to be a disruption, I agree to be held financially responsible for any and all costs associated with their early return.

If a dispute over this agreement or any claim for damages arises, we agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If we and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Participant (and parents/guardians if Participant is a minor)*

*A new medical form must be filed for every school year.  
If you have a 2021-2022 form on file, you only need to complete the "Activity Participation" form.*

## HopeShakers Student Impact Medical Release Form

I, \_\_\_\_\_, hereby give permission for any and all medical  
Parent/guardian's name

attention to be administered to my child, \_\_\_\_\_,  
Child's full name

in the event of accident, injury, sickness, or other emergency under the direction of the Shawnee Alliance Church, until such time as I may be contacted. I also assume the full responsibility for the payment of any and all expenses incurred in connection with such treatment. This release is effective for one year from the signing date.

### Child Information:

Grade for 2021-2022 school year: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Parent/Guardian Information:

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Insurance Information:

Company: \_\_\_\_\_

Policy/Contract Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

### Physician's Information:

Name: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

**Medical Conditions:**

Known allergies: \_\_\_\_\_  
\_\_\_\_\_

Medical conditions: \_\_\_\_\_  
\_\_\_\_\_

Special needs: \_\_\_\_\_  
\_\_\_\_\_

Medications being taken: \_\_\_\_\_

If I cannot be reached, the following person(s) are designated to act on my behalf:

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

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_\_) \_\_\_\_\_

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

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_\_) \_\_\_\_\_

**Consent for medical treatment (minor):**

As the parent/legal guardian of the above named child, I hereby give my consent for emergency medical care prescribed by a duly licensed hospital, doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my son or daughter.

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

\_\_\_\_\_  
Date

***Please provide a copy of your insurance card (both front and back)  
and return with this form.***