

Nov. 20th - 22nd Cost: \$80

MAGIC MOUNTAIN

Huge Coasters! | All Night Turnaround Bus Ride | Beach Bon Fire

Wyldlife and Cross of Christ's Amped UP are hosting a Six Flags Magic Mountain turnaround trip on Nov. 20-22nd. We'll hop on a bus right after Amped UP and travel through the night to California. The \$80 includes your bus ride, park admission, breakfast Saturday morning and smores on the beach. This is gonna be HUGE!!!

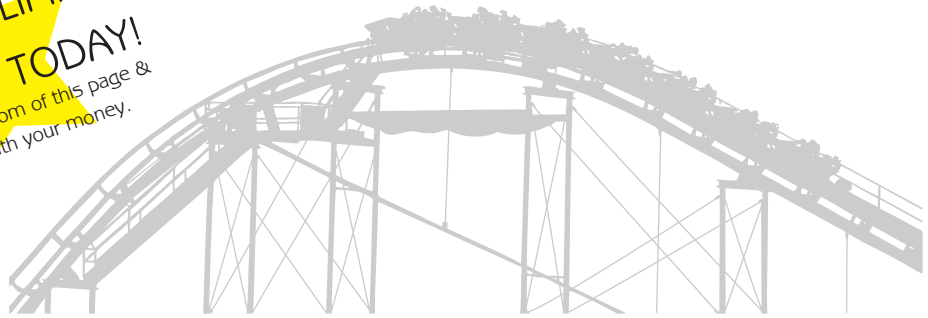
Schedule:

- Fri. 11:00pm Load the Buses/Depart
(Cross of Christ Parking Lot)
- Sat. 7:00am Breakfast in Santa Clarita, CA
8:00am Roller Coasters!
8:00pm Leave Magic Mountain
9:00pm Arrive @ Santa Monica Beach
11:00pm Depart SO Cal
- Sun. 7:00am Arrive In Anthem

What To Pack:

- Snacks
- Change of clothes
- Toiletries (to freshen up)
- Games for the bus ride
- Spending \$ for food Sat.
- Pillow / Blanket

**SPACE IS LIMITED
SIGN UP TODAY!**
Fill out the bottom of this page &
turn it in with your money.



MORE INFORMATION or QUESTIONS: MATT MOLINARI: 602.319.1837 matt@anthemcross.org | JOHN LUNSFORD: 480.399.6197 lunsfordj@me.com

Student's Name: _____ Age: _____ Grade: _____
 Student's Cell Phone #: _____ Email: _____
 Address: _____ City: _____ Zip: _____
 Medical Ins. Company: _____ Policy #: _____
 Mother's Name: _____ Cell Ph #: _____ Hm Ph #: _____
 Father's Name: _____ Cell Ph #: _____ Hm Ph #: _____
 Emergency Contact: _____ Cell Ph #: _____ Hm Ph #: _____
 Special Needs/Medical Condition(s): _____

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases participating ministries and their staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/Guardian Signature: _____ Date: _____