



## Keystone Club

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*First Last*

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

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

Sponsors Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Sponsors Phone: (\_\_\_\_) \_\_\_\_\_

### *Emergency Contact:*

Name: \_\_\_\_\_  
*First Last*

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

Relation: \_\_\_\_\_

Special Needs/Allergies/Med. Conditions:  
(Please explain in full detail)

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Teen signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

## Teen Beach Trip

My child \_\_\_\_\_ has my permission to attend the Teen/Community Centers Beach Trip on Wednesday July 8<sup>th</sup>, 2009 from 9 a.m. – 3 p.m.

My child is to be at the Teen/Community Center the day of the event (July 8<sup>th</sup>) no later than 8:30 a.m. The bus that will be providing my child's transportation to and from the beach will be leaving the Teen/Community Center at/around 9 a.m. and will be returning to at/around 3 p.m.

I understand that the Teen/Community Center will provide my child with a bag lunch during this trip. I understand that my child is to bring swimming attire, flip-flops, beach towel, sunscreen (Teen/Community Center will have sunscreen on hand), and any beach accessories containing of boggy-boards and other beach toys. I understand that no Teen/Community Center employee or MCCS representative is to be accountable for any loss/stolen items while my child is on this trip.

While on this trip my child must listen to and follow all rules and regulations that pertain to this trip. This pertains to rules of riding the bus and beach rules.

I understand that no Teen/Community Center employee or MCCS representative is to be upheld in the event in accident/incident occurs. I understand that all Teen/Community Center employees and MCCS representatives have the proper training in the event in accident/incident occurs and hereby give my permission to call medical authorities if the situation call for it.

PLEASE LIST ANY/ALL MEDICAL CONDITIONS PERTAINING TO YOUR CHILD. (Allergies, Diabetes, Asthma, etc.)

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(Sponsor Information)

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

Number: \_\_\_\_\_

(Emergency Contact Information)

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

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