

# EAST COAST ROAD TRIP

## Sign-Up & Permission Form

### July 8-11, 2025

**Parents Permission Agreement**

UNITY Lutheran Church is concerned about the safety of your child while attending organized youth activities at UNITY as well as off-site trips. Parents will be responsible for medical insurance coverage for your child while s/he is attending any organized church activity. As a church, we recognize our responsibility for the care and conduct of the children entrusted to us. By signing this form, you as a parent are indicating your willingness to carry your portion of responsibility for the care and conduct of your child. A copy of this signed permission form must be on file with us in order for your child to participate in the **East Coast Road Trip from July 8-11, 2025** Please return this to us by **May 1, 2025** along with a check for \$175 payable to **UNITY OR** pay online at [www.unitybrookfield.org](http://www.unitybrookfield.org) (Click on **SHARE** and go to **DONATE NOW** in the drop list.) If the cost of this poses a burden, please talk to a pastor, financial assistance is available.

**Anticipated Needs**

A complete list of individual camper needs will be provided. As a group we will need to borrow camping equipment. We also need parents (at least two Dads and two Moms) to accompany the UNITY staff in leading the trip. Please check below if you can serve in the following ways:

- Adult male leader                       Adult female leader
- Supply a 4-5 person(MAX) tent     Do advance shopping and/or trip packing
- Bake a batch of cookies, corn bread, brownies, etc. for the trip
- Supply other camping equipment     cook stove     camp pots
- cooler (with wheels)                       pie irons     lantern

**Medical Release**

I give my permission for any medical treatment deemed necessary while my child is under the care of UNITY Lutheran Church and its representatives as a participant. The purpose of this release is to help us provide immediate medical attention should it be required. Parents will be contacted as soon as possible should medical treatment be needed. To grant trip permission and medical release, please sign below and provide the information that follows.

Name of Participant: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Phone information (Phone numbers where you can be reached during this event)

NAME	HOME PHONE	WORK PHONE	CELL NUMBER
Mother:			
Father:			
Other Emergency Contact:			

Family Physician Name: \_\_\_\_\_

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

Please list any special medical, diet, or exercise information that the adult leaders should be aware of (e.g. allergies to medications or foods, medical conditions or medications currently being taken, etc.) \_\_\_\_\_

**Name of Insurance Company and Policy Number:**



# East Coast Road Trip

## Swim/Bike Ability Information Sheet

It will be helpful for adult leaders on this trip to know your child's swimming and biking ability. Please fill out the box below.

### Swim Ability of Person Participating

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

Please check the box below that best describes your child's swimming ability.

**ADVANCED SWIMMER:** has taken Red Cross/YMCA courses including upper levels or is a competitive club swimmer. Swims regularly and is strong and confident in all depths of water.

**AVERAGE SWIMMER:** has taken some Red Cross/YMCA courses. Most water activity is for recreation and play. Is confident in all depths of water.

**LIMITED ABILITY:** not a confident swimmer in deep water but could manage to get to safety without panicking if in deep water.

**NON-SWIMMER:** is not comfortable in water and does not know how to swim.

Any other comments or helpful information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Bike Ability Information

Prefer a steady pace to enjoy the scenery.

Prefer the challenge of hills and a faster pace.

PLEASE RETURN SIGNED FORMS AND PAYMENT (\$175) TO CLASS OR DROP IN THE ECRT TRAY ON THE 7-8 Gr. BULLETIN BOARD IN THE FELLOWSHIP HALL.