

# WI DELLS AREA ADVENTURE August 6-8

This is a camping trip to Devils Lake State Park. This will be a 3 day-2 night camping trip for students entering grades 5-8 for the 2007-08 school year. Activities will include hiking, swimming, volleyball, a day at Noah's Ark, and campfires. We have 1 adult chaperone from St. Mary's committed. Other chaperones are welcomed and encouraged. Interested adults as well as anyone with a tent are to contact Amy Meinholz, 608.655.4384.

All are to meet at Holy Trinity Lutheran Church, Marshall, no later than 8:00 AM on Monday, August 6, 2007. We will return on Wednesday, August 8<sup>th</sup> at approximately 3:00 PM.

The cost is \$35.00 per person, which includes camping fees, food, transportation, and admission to Noah's Ark. Spending money is not included.

## What to bring (use a backpack):

Blue jeans  
Shorts  
Shirts  
Swimwear  
Towel  
Shoes (suitable for hiking)  
Jacket/sweatshirt  
Sleeping bag & Pillow  
Mosquito spray  
Sun Block 30+ SPF recommended  
Toothpaste & toothbrush  
Underwear & Socks

## What to leave at home, no joke!

CD's  
CD players/radios  
Cell phones  
Game Boys  
All other portable electronic/wireless devices  
Alcoholic Beverages  
Tobacco products  
other illegal weapons  
Weapons  
fine jewelry, watches, expensive sunglasses, and  
any items that have sentimental value

Yes, friends may come along. They'll need to fill out the paper work and pay for their costs. We will be joining Holy Trinity Lutheran Church (Pastor Anderson) on this trip.

Keep this sheet for your information. Fill out the others and send to Amy.

If you are interested in attending the Dells Area Adventure, please mail your registration papers and payment to Amy Meinholz. Due to the nature of this trip in planning for food and transportation, it is strongly requested that you commit to this trip by August 1<sup>st</sup>. Any last minute-types, please contact Amy by August 5<sup>th</sup>.

**Make checks payable to Pastor Paul Anderson. Please mail the fee, information sheet, and permission slip to: AMY MEINHOLZ 407 Bentwood Dr Marshall WI 53559-9367. Or have in hand at departure time.**

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Participant's Name \_\_\_\_\_

Telephone number \_\_\_\_\_ DOB \_\_\_\_\_

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Parents/Guardians \_\_\_\_\_

For those over 18, who should we contact in case of emergency?

Address \_\_\_\_\_

Work Phones: Dad \_\_\_\_\_ Mom \_\_\_\_\_

Place of Employment: Dad \_\_\_\_\_ Mom \_\_\_\_\_

Cell phones \_\_\_\_\_  
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## Health Insurance Information:

Please provide the Health Insurance carrier/HMO name: \_\_\_\_\_

Group/Plan number \_\_\_\_\_

Phone number \_\_\_\_\_

Regular physician \_\_\_\_\_

Does your child or do you have any allergies to food, drugs/medicine, or insects? NO YES

If yes please list \_\_\_\_\_

Is your child on any medication? NO YES

If yes please list and give the instructions. And please make sure there is enough for 5 days.

Is there anything else medically significant about your child we should be aware of?

If your child consumes the food/medicine or contact with insect what needs to be done?

Does your child or do you know how to swim? NO YES

Emergency Contact Person Name and Phone number and relationship to participant:

\_\_\_\_\_

I/We give my child, \_\_\_\_\_, my permission to participate in the Wisconsin Dells Area Adventure August 6-8, 2007. I/We agree to hold harmless St. Mary of the Nativity Catholic Church, Holy Trinity Lutheran Church and the organizers of the Wisconsin Dells Area Adventure in the event of any bodily injury or property damage.

\_\_\_\_\_  
Date\_\_\_\_\_

Print your name\_\_\_\_\_

I/We also give the chaperones of St. Mary's and Holy Trinity Lutheran permission to act on my behalf in making medical decisions in the best interest of my child, in any and all medical emergencies if I or the emergency contact cannot be reached.

Yes - signature\_\_\_\_\_

No

If no, what are your exact instructions: