

Summer Waves Water Park Permission

(Participants Name) has my permission to travel with the youth group of Memorial United Methodist Church of Fernandina Beach, Florida for a Mission Trip to Summer Waves Water park (210 S Riverview Dr, Jekyll Island, GA 31527) on June 10th. We will leave at 10am from the Church and return at 5pm the same day. The cost is \$20 per person. Transportation and park entrance will be provided. Lunch is not covered, and each student can bring money approximately \$10-\$15 (Larry's Giant Subs is on site) or pack a lunch. Each student should wear a bathing suit (modest), bring a towel, sunscreen, sunglasses, and a hat. By signing I agree that I have received all the proper information for this event and I am confident in the participants swimming ability. In case of an accident/emergency I give my permission for an adult youth worker to give over the counter medication to the participant and/or choose a duly licensed physician to treat my child.

Insurance and policy/group number: _____

Numbers where you can be reached: **Home:** _____ **Cell:** _____

Signed (Adult): _____ **Date:** _____

Signed (Student): _____ **Date:** _____