

**ONE DAY GETAWAY**  
**Float the River/Gatti's Pizza**  
**Middle and High School**



**Date:** June 4, 2010

**Times:** We will meet at the church at **10:00 am** and return to the church at **7:00 pm**.

**Cost:** \$40

**What we'll be doing:** Floating the Guadalupe River!

**What to bring:** Swimsuit (one-piece or modest 2-piece), towel, sunscreen, change of clothes, and money for lunch and dinner

**Emergency Contact #:** Doug Congdon 785-383-6764  
Melissa Carter 512-913-0508

**You must turn in the attached form to Doug or Melissa with \$40 before you are officially signed up. Hurry—space is limited!**

# Float the River

## Medical Emergency and Parental Release Form Westlake Hills Presbyterian Church

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Alt. Phone # (mother) \_\_\_\_\_ (father) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parents' Names \_\_\_\_\_

Parent Email \_\_\_\_\_

Person to contact in case of emergency (other than parents):

Name & how related \_\_\_\_\_

Phone \_\_\_\_\_

I, \_\_\_\_\_ give my permission for my son/daughter  
\_\_\_\_\_ to participate in the One Day Getaway to Float the River.  
In case of an accident or serious illness, I hereby authorize WHPC staff to seek whatever  
medical attention/treatment he deems necessary for the welfare of my child.

In signing this form, I am also granting my permission for WHPC to take photographs of  
my student to be used on the WHPC website and other media-related publications.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Pertinent medical information (i.e. allergies, medications, medical condition):

Please attach a copy of your student's insurance card.