VALLEYFAIR AMUSEMENT & WATERPARK

August 17, 2026 | 6:00 AM - 11:30 PM
$60 per person
Registration deadline: August 12, 2026

What to Bring:

- Food Money (minimum 1 meal if packing a sack lunch)
- Sack Lunch (optional)
- Water Bottle (must be empty when entering the park)
- Sunblock
- Shoes to walk in all day & can strap on
- Swim Clothes (modest)
- Towel
- Dry clothes
- Spending Money (optional)
- Portable phone charger (optional)

Departure:

- 6:00 am @ Heartland Community Church

Return:

- 11:30 pm @ Heartland Community Church

Who:

- Students in grades 5-12 (2025-2026 school year)

Registration Steps:

1. Permission form completed by a parent/guardian
2. $60 payment
    a. Online (best option)
        i. www.heartlandwestfargo.com/give
        ii. Select the fund “Youth”
        iii. Type in the Note section “Valleyfair payment for (student name)”)
    b. Cash
    c. Check written out to “Heartland Community Church”

VALLEYFAIR & WATERPARK

SHAKOPEE, MN

August 17, 2026 | 6:00 AM - 11:30 PM | $60 PER PERSON*

*Covers Valley Fair & Waterpark ticket, parking, & gas.
Students should bring spending money for at least 1 meal if packing a lunch.

REGISTRATION DEADLINE: AUGUST 12, 2026

PARENT/GUARDIAN STATEMENT & SIGNATURE

I UNDERSTAND THAT BY SIGNING THIS FORM I AM GIVING PERMISSION FOR THE LISTED STUDENT TO PARTICIPATE IN AND BE TRANSPORTED TO THE ABOVE-DESCRIBED ACTIVITY/EVENT SPONSORED BY HEARTLAND COMMUNITY CHURCH. THE ABOVE-DESCRIBED EVENT COULD INVOLVE THE RISK OF DAMAGES AND RISK OF BODILY INJURY. BY SIGNING THIS AGREEMENT, I, FOR MYSELF AND MY SUCCESSORS AND ASSIGNS, AGREE TO NOT HOLD HEARTLAND COMMUNITY CHURCH, OR ITS EMPLOYEES, VOLUNTEERS, OR AGENTS LIABLE FOR DAMAGES, LOSSES, AND INJURIES TO THE PERSON OR PROPERTY OF THE LISTED STUDENT.

HEARTLAND COMMUNITY CHURCH IS NOT RESPONSIBLE FOR PERSONAL BELONGINGS. _____ (INITIAL)

INAPPROPRIATE CONDUCT BY THE STUDENT WILL RESULT IN THE STUDENT BEING TRANSPORTED HOME AT THE PARENTS' EXPENSE. _____ (INITIAL)

PICTURES/VIDEOS: I AUTHORIZE HEARTLAND COMMUNITY CHURCH TO USE MY CHILD'S LIKENESS IN PHOTOGRAPHS OR VIDEO IN ANY AND ALL OF ITS PUBLICATIONS AND OTHER MEDIA. I WILL MAKE NO MONETARY OR CLAIMS AGAINST HEARTLAND COMMUNITY CHURCH FOR THE USE OF SUCH PHOTOS OR VIDEOS. _____ (INITIAL)

MEDICAL TREATMENT AUTHORIZATION

I HEREBY AUTHORIZE ANY LICENSED PHYSICIAN, EMERGENCY MEDICAL TECHNICIAN, HOSPITAL, OR OTHER MEDICAL OR HEALTH CARE FACILITY TO TREAT THE MINOR NAMED HEREIN FOR THE PURPOSE OF ATTEMPTING TO TREAT OR RELIEVE ANY INJURY OR ILLNESS RECEIVED BY SAID MINOR. I CONSENT TO ANY X-RAY EXAMINATION, ANESTHESIA, MEDICAL, OR SURGICAL DIAGNOSIS OR TREATMENT, AND HOSPITAL CARE UNDER THE GENERAL OR SPECIAL SUPERVISION AND UPON
THE ADVICE OF OR TO BE RENDERED BY A LICENSED PHYSICIAN OR SURGEON. THIS AUTHORITY ALSO EXTENDS TO ANY X-RAY EXAMINATION, ANESTHESIA, DENTAL, OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE BY A LICENSED DENTIST. I REALIZE AND APPRECIATE THAT THERE IS A POSSIBILITY OF COMPLICATIONS AND UNFORESEEN CONSEQUENCES IN ANY MEDICAL TREATMENT, AND I ASSUME ANY SUCH RISK FOR AND ON BEHALF OF MYSELF AND SAID MINOR. I FURTHER AGREE TO PAY ALL CHARGES FOR THE DENTAL, MEDICAL, OR HOSPITAL CARE OR TREATMENTS RENDERED TO MY CHILD.
_____(INITIAL)

STUDENT'S FIRST AND LAST NAME:_____

ADDRESS:_____ **CITY:**_____ **STATE:**_____ **ZIP:**_____
MEDICAL INSURANCE: _____ **POLICY #:** _____

☐ **CHECK THIS BOX IF THE PARTICIPANT <u>DOES NOT</u> HAVE INSURANCE**

DOCTOR'S NAME: _____ **DR. PHONE #:** _____

PLEASE LIST BELOW ANY ALLERGIES, MEDICAL OR SECURITY CONCERNS:

_____
_____
_____

PARENT/GUARDIAN NAME (PLEASE PRINT):_____

PARENT/GUARDIAN SIGNATURE:_____

DATE:_____