

## Permission/Release Form for Youth Events



**Friday, December 2 - Saturday, December 3, 2016**

**Where are we going?** We are traveling to Grace Church in Eden Prairie, MN to attend Planet Wisdom (conference on Christian discipleship), hosted by Youth Specialities.

**Who will be chaperoning?** The chaperones will be George Myers, Amber Chaffee, and Ignite and Elevate leaders.

**Who is this for?** Ignite and Elevate (Grades 7-12)

**When are we leaving and getting back?** We'll meet at the CEYC (220 N. Main St., Medford) at 3:30pm Friday afternoon and arrive back at 9:30pm on Saturday. Transportation is provided.

**Where are you spending the night?** Courtyard Marriott, 11391 Viking Drive, Eden Prairie, MN 44344

**What do I need to bring and wear?** You will need to bring a change of clothes, pajamas, and necessary toiletries, Bible, extra spending money (all meals are included in the price), any medication, and any personal items you may need.

**What's all this going to cost?** \$45/per person

**DEADLINE TO REGISTER IS NOVEMBER 2**

To be registered you must return the permission form and \$45 payment to Pastor George or Amber Chaffee.

I, \_\_\_\_\_ give my child/ren, \_\_\_\_\_  
Parent Name (please print) Student Name/s (please print)

permission to attend the Cutting Edge Youth Center event cited above on the date cited above with Amber Chaffee, George Myers, and/or other adult chaperones. I am aware of the times, travel arrangements (if applicable), and costs (if applicable) for this event.

### CONTACT INFORMATION

\_\_\_\_\_  
Parent/Guardian Name/s:

\_\_\_\_\_  
Address:

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please fill out the Medical Authorization and Release on the back.

**First Baptist Church of Medford, WI (FBC) and  
The Cutting Edge Youth Center of Medford, WI (CEYC)  
Medical Authorization and Release**

Name of Minor: \_\_\_\_\_

Name of Parent or Guardian (must match signature at bottom): \_\_\_\_\_

**Medical Authorization**

In the event of an accident, sudden illness or medical emergency involving the above mentioned minor, I hereby authorize the staff member/s and/or adult chaperone/s of FBC and/or CEYC, as the adult/s into whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care deemed to be necessary by a licensed physician. It is the express intent of the undersigned that this Medical Authorization and Release be in effect for Planet Wisdom taking place from December 2-3, 2016.

The following information is included to be used as needed by any staff member or chaperone of FBC and/or CEYC and/or any hospital or licensed medical practitioner not having access to the above mentioned minor's medical history:

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Physical Impairments: \_\_\_\_\_

Medication: \_\_\_\_\_

Other pertinent medical Information:

\_\_\_\_\_

\_\_\_\_\_

**Insurance Information**

Insurance Company: \_\_\_\_\_ Insurance Company Phone Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Holder's Phone Number: \_\_\_\_\_

**Release**

In consideration of the aforementioned minor being permitted to participate in Planet Wisdom, December 2-3, 2016, I, the undersigned, as parent or guardian of the said minor, understanding that the staff members and adult chaperones of FBC and/or CEYC will exercise responsible supervision, hereby agree to release First Baptist Church of Medford, WI, the Cutting Edge Youth Center of Medford, WI, and any of its staff members and adult chaperones from any and all damages or liability arising out of or relating to the said minor's presence or participation in the Planet Wisdom trip. This release shall be binding on myself, my heirs, executors, and/or legal representatives, as well as on the minor and his/her heirs, executors and/or legal representatives.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_