



Permission/Release Form for Youth Events  
**Elevate Fall Kickoff: Day at the Lake**  
Sat. August 26th, 2017 3-8pm

**Where are we going?** We are going to Hall Haven on North Spirit Lake for an afternoon of fellowship and summer fun to kick off the school year ministries. The Stamos family has offered to take us out on the boat to ride, tube, or waterski. There is also swimming and fishing or if you just want to hang around the campfire you can do that too. We will also be having supper there together.

**Who is this for?** Elevate students grades 9-12.

**When are we leaving and getting back?** We'll meet at the CEYC (220 N. Main St., Medford) at 3pm and arrive back at 8pm. Transportation is provided.

**What do I need to bring and wear?** You will need to bring appropriate swimwear (if you have questions please ask George) & a towel. If you have a life jacket please bring it

**What's all this going to cost?** There is no cost to you.

**Permission Slips due by Sunday, Aug. 20th**

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 Pastor George Myers, and/or other adult chaperones. I am aware of the times, travel arrangements (if applicable), and costs (if applicable) for this event. Understanding that Amber and/or other adult chaperones present for this event will exercise responsible supervision, I hereby agree to release First Baptist Church and its representatives (including but not limited to chaperons, drivers, and vehicle owners) from any and all damages or liability relating to said minor's presence or participation in the aforementioned event. Understanding that attempts will be made to contact me, in the case of an emergency I agree to allow George and/or other adult chaperones to authorize medical treatment for my child/ren.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Emergency Contact Name (other than parent)

\_\_\_\_\_  
Emergency Contact Phone Number

Anything else we should know (allergies, medications, students spending the night at a friend's house, etc.)?:

\_\_\_\_\_