Permission/Release Form for Youth Events

Ladies Overnight at Hall Haven Lodge

Fri. May 11 - Sat. 12th, 2018

Where are we going? We are going to Hall Haven Lodge for an overnight. We will be spending time together fellowshipping, having fun and learning about our identity in Christ.

Who will be chaperoning? The chaperones will be Amber Chaffee, Rudie Koch and Beth Leao.

Who is this for? All Ladies 7-12th grade.

When are we leaving and getting back? We'll meet at the CEYC (220 N. Main St., Medford) at 4pm Friday afternoon and arrive back at 4pm on Saturday. Transportation is provided.

What if I can only make one of the days not the overnight? Still come!! Just let Amber know and we get you directions

What do I need to bring and wear? You will need to bring outdoor winter clothing (we will have an outdoor activity weather permitting), pajamas, a sleeping bag, pillow, any medication, and any personal items you may need.

What's all this going to cost? \$10/per person

Deadline to register is Sunday, May 6th.

To be registered you must return the permission form and \$10 payment to Amber Chaffee.

give my child/ren, _____

Parent Name (please print	()	Student Name/s (please print)	
permission to attend the Cutting Edge Hall, and/or other adult chaperones. I for this event.			
	Contact Info	umation	
Parent/Guardian Name/s:			
Address:			
Home Phone:	Work Phone:	Cell Phor	ne:
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 signa	ture at bottom):
the staff member/s and/or adult chaperone/entrusted, to consent to any x-ray examinat care deemed to be necessary by a licens. Authorization and Release be in effect for the to be used as needed by any staff member of practitioner not having a Allergies:	Medical Authorization medical emergency involving the above mentioned minor, I hereby authorize is of FBC and/or CEYC, as the adult/s into whose care the minor has been tion, anesthetic, medical or surgical diagnosis or treatment, and/or hospital ed physician. It is the express intent of the undersigned that this Medical Ladies Overnight at Hall Haven Lodge. The following information is included or chaperone of FBC and/or CEYC and/or any hospital or licensed medical access to the above mentioned minor's medical history:
Medical Conditions:	· · · · · · · · · · · · · · · · · · ·
Physical Impairments:	
Medication:	
Otl	her pertinent medical Information:
	Insurance Information
Insurance Company:	Insurance Company Phone Number:
Name of Policy Holder:	Policy Number:
Policy Holder's Phone Number:	
I, the undersigned, as parent or guardian of the FBC and/or CEYC will exercise responsible so Cutting Edge Youth Center of Medford, WI, and or liability arising out of or relating to the sa	Release being permitted to participate in the Ladies Overnight at Hall Haven Lodge. The said minor, understanding that the staff members and adult chaperones of supervision, hereby agree to release First Baptist Church of Medford, WI, the and any of its staff members and adult chaperones from any and all damages aid minor's presence or participation in the overnight. This release shall be or legal representatives, as well as on the minor and his/her heirs, executors and/or legal representatives.
Parent/Guardian Signature:	Date: