

# Eau Claire Teen Trip

Wednesday, August 7, 2019

**Where are we going?** We are going to Eau Claire for an afternoon and evening of youth fellowship. Teens will have the option of watching an approved movie or enjoying the Escape Room at the Oakwood Mall in Eau Claire. After dinner at the food court, we will take in an Eau Claire Express baseball game

**Who is this for?** Elevate (Sr. High) and Ignite (Jr. High) students. Students entering 7th grade as well as students who have just graduated are welcome to attend.

**When are we leaving and getting back?** We are leaving at 2 pm from the CEYC (670 W. Broadway Ave., Medford) and arrive back at 10:00 pm. Transportation is provided.

**What do I need to bring and wear?** Please bring money for your dinner at the food court and any spending money you might want. The movie/escape room, baseball game, and transportation to and from the event are all included in the event cost.

**What's all this going to cost?** Cost: The movie/baseball game option is \$20. The escape room/baseball game option is \$25. Please check your option below. Please make checks out to FBC.

**Please choose one:**

- \$25 - Escape Room/Baseball Game**  
 **\$20 - Movie/Baseball Game**

Registration is due by Sunday, August 4.

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 George Myers, Amber Chaffee, and other adult chaperones. I am aware of the times, travel arrangements (if applicable), and costs (if applicable) for this event. Understanding that George 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 chaperones, 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 Amber 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.):  
\_\_\_\_\_