

Permission/Release Form for CEYC Youth Events

FOREST SPRINGS WORSHIP NIGHT



Wednesday, January 20, 2021, 6 pm - 8:30 pm

Where are going? We are going to Forest Springs in Westboro, WI for worship with other Youth Groups.

who is this for? 7-12th graders.

what will the event look like?

Parent Name (please print)

- 1. We will leave the CEYC at 6pm. Bus transportation is provided. We will arrive at Forest Springs at 6:30pm.
- 2. Doors open at 6:30 and Worship will run from 6:45 to 8:00.
- 3. Each Youth Group will sit with their group, not mixed with groups from other cities and the "mixer" will not bring our students closer to other groups.
- 4. We encourage following the mask mandate and ask that students honor their parents' guidance.
- 5. We will leave Forest Springs at 8pm arriving back at CEYC at 8:30pm

There is no cost for this event! Permission SLIPS DUE THE DAY OF THE EVENT.

Please keep the top portion for your reference and return the bottom portion to CEYC.

FOREST SPRINGS WORSHIP NIGHT PERMISSION SLIP

Wednesday, January 20, 2021, 6 pm - 8:30 pm

I, ___

_____ give my child/ren, _____

Student Name/s (please print)

permission to attend the Cutting Edge Youth Center event cited above on the date cited above with Amber Chaffee, 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 Amber and/or other adult chaperones to authorize medical treatment for my child/ren.

Parent Signature		Date
Address	Parent Contact # 1	Parent Contact # 2
Emergency Contact Name (other than parent)	Emergency Contact Number	
Anything else we should know (allergies, medications, stu	dents spending the night at a fri	end's house, etc.)?: