



MULTICULTURAL  
COMMUNITY CENTER  
WAUSAU WISCONSIN

## Permission/Release Form for Youth Events

# Youth Service Project

Saturday, January 7, 2023, 9 AM- 2 PM

**Where are we going?** Partnering with ECDC of Wausau serving refugees by helping with a household and furniture donation intake day in Wausau.

**Who is this for?** All students grades 7-12.

**When are we leaving and getting back?** We'll meet at the CEYC (670 W. Broadway, Medford) at 9 AM and arrive back at 2:00 PM.

**What do I need to bring and wear?** You will need to bring outdoor clothing. We will be working outside. Service projects tend to do that.

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

### Permission Slip and SHP Form due by Wed., Jan. 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 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 Phone #

\_\_\_\_\_  
Email address

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

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

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

\_\_\_\_\_