

Permission/Release Form for Youth Events  
**Youth Service Project**  
Saturday, May 6, 2023, 7:30 AM- 6:30 PM



**FOREST SPRINGS**  
CAMP & CONFERENCE CENTER

Where are we going? To Forest Springs for a day of service during their Work Weekend. This is a great time for us to combine our efforts at helping them to get the camp ready for the busy summer months.

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 7:30 AM and arrive back at 6:30 PM.

What do I need to bring and wear? You will need to bring outdoor work clothing you don't mind getting dirty and work gloves.

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

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Return this portion to Amber Chaffee

**Permission Slip due by Wed., May. 3**

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 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.

- I will leave from and return to the CEYC riding with the group
- I will meet the group at Forest Springs at 8 AM and be picked up by 6 PM

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parent Phone #

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

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

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

Anything else we should know (allergies, food challenges, medications, transportation changes, etc.)?:

\_\_\_\_\_



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# Forest Springs Release Form

All participants must complete this form.

Participant Name (Last, First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Birth Date                      Age                       Male       Female

\_\_\_\_\_  
Address

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

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone #

(\_\_\_\_\_) \_\_\_\_\_  
Emergency Phone #

\_\_\_\_\_  
E-mail

## **Health Insurance Information**

Health Insurance Company:  
\_\_\_\_\_

Insurance Policy #:  
\_\_\_\_\_

Policy Expiration Date:  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please check any activities that the participant listed below **MAY NOT** engage in.

**High Ropes**                       **Challenge Course**                       **Downhill Snow Sports**                       **Paintball**

Are there are any other activities they **MAY NOT** engage in?

Are you/your child allergic to anything? What action is required if exposed?

I certify that the participant listed above is in good health, free from communicable diseases, and can participate in all camp activities unless noted. In case of medical and/or surgical emergency, I hereby give permission to the trained medical staff selected by the camp administration or sponsoring organization to hospitalize, secure proper treatment for, and order injection, anesthesia, x-rays, or surgery for the participant as named above.

I also understand that participation in this activity can expose me/my child to dangers both from known risks and unanticipated risks. I hereby release and discharge Forest Springs, its officers, agents, and employees from any and all claims or liability for personal injury or property damage I/my child may suffer while participating in the activity.

\_\_\_\_\_  
**Signature of participant**

\_\_\_\_\_  
**Date:**

*\* If participant is under 18 then a parent/guardian (age 18 or older) must sign.*

**Please Note:** Wisconsin state law requires that all medication brought to camp by a camper under 18 years of age be kept by the sponsoring organizations adult leadership in a locked unit, and to be administered by those leaders. Please have your medication clearly labeled.