



Permission/Release Form for CEYC Youth Events

WINTER FUN NIGHT



Wednesday, February 21, 2024, 4:30pm - 9:00pm

Where are we going? We are going up to Forest Springs in Westboro, WI for an evening of youth fellowship. We will have supper before we enjoy all that Camp has to offer for indoor and outdoor activities that night.

Who is this for? 7-12th graders. This is a great night to bring a friend.

When are we leaving and getting back? We leave at 4:30 and pick up will be at the CEYC at 9:00 pm Transportation is provided.

I will not be riding the bus but arriving at Forest Springs at 5 PM and will be picked up at 8:30PM.

_____ will be transporting me.

What do I need to bring and wear? You will need to bring outdoor clothing. If you wish to buy concession food at Camp Forest Springs you will need to bring spending money.

What's all this going to cost? Cost: \$10 per person. PLEASE MAKE CHECKS PAYABLE TO FIRST BAPTIST CHURCH

REGISTRATION AND Payment are Due BY SUN., February 18TH at THE CEYC OR FBC.

Please keep the top portion for your reference and return the bottom portion with payment to CEYC or FBC Office.

FOREST SPRINGS FUN NIGHT - First Baptist Church CEYC Youth Events Permission Slip

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, and/or other adult chaperones. I am aware of the times, travel arrangements (if applicable), and costs (if applicable) for this event. Understanding that George Myers (CEYC Director) 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 George and/or other adult chaperones to authorize medical treatment for my child/ren.

Parent Signature Date

Address Parent Contact Number

Anything else we should know (allergies, medications, etc.):
