

FALL FUN DAY AT FOREST SPRINGS

SUNDAY, OCTOBER 6TH, 2024 12:30-5:30 PM

WHERE ARE WE GOING? To Forest Springs, Westboro, WI for an afternoon of youth fellowship, and your choice of activity: paintball, rock climbing, frisbee golf, mini golf and concessions.

WHO IS THIS FOR? All 7th-12th graders

WHEN ARE WE LEAVING AND GETTING BACK? We'll leave First Baptist Church (751 Grace Way., Medford) at 12:30 pm; we will be returning at 5:30 pm. Bus transportation will be provided.

I will not be riding the bus but arriving at Forest Springs at 1 PM and will be picked up at 5PM.

_____ will be transporting me.

WHAT'S ALL THIS GOING TO COST? Please choose one

\$30.00 per person which includes paintball, all open activity areas at Forest Springs & transportation.

OR if you don't want to play paintball

\$15.00 per person which includes rock climbing, frisbee golf, mini golf, other activity areas & transportation

WHAT DO I NEED? Dress to be outside! Hoodies, jackets, and some shoes that you don't mind getting a little dirty. Bring spending money for concessions if you wish to have a snack. We will not be eating a meal at Forest Springs. **Make sure to have lunch before you arrive.**

REGISTRATION FORMS & PAYMENT DUE BY SUNDAY SEPTEMBER 29 AT FBC OR CEVC.

Please make checks out to First Baptist Church

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 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.

Parent Signature

Date

Parent Phone Number

Address

City

State

Zip

Email

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.)?:
