

SPRING FLING

2010 STUDENT PERMISSION FORM

Dear Parent(s) or Guardian(s), We are going to Houghton College for the annual Central New York District Wesleyan Youth Spring Fling. This is an overnight event that will take place on Friday night, March 26th through Saturday morning, March 27th, 2010.

We will meet at VHWC at 5:00 pm. We will return on Saturday at approximately 8:30 am. This activity is for Junior/Senior High School students, their youth leaders/pastors of the VHWC Church.

The cost is \$50 per person which includes registration and travel. The attached permission slip is a **necessity** for any student to participate in this event. Please return this permission slip to VHWC office or Garage Cafe by March 14, 2010. After March 14 - cost is \$55.00
Thank you for your assistance.

FOR YOUTH LEADER ONLY:

PLEASE HAVE TWO COPIES OF THE LOWER HALF OF THIS PERMISSION FORM FOR EACH STUDENT. ONE TO LEAVE AT THE REGISTRATION AREA AND ONE FOR THE GROUP LEADER TO KEEP WITH THEM AT THE EVENT.

I give permission for my child _____ to take part in this event.
NAME AGE

Knowing that the adults my child/children are going with will take utmost care of my child's safety, I understand that accidents do occur and that in such situations immediate steps must be taken to secure my child's health. I hereby authorize them to seek medical attention for my child should an emergency arise, provided that I will be contacted as soon as possible. Failure to reach me shall not prevent application of immediate, necessary medical treatment.

I further agree that the _____ Church and the Central New York District of the Wesleyan Church and Houghton College shall be held blameless in the event of accident or injury, and in that regard, I understand and agree that the _____ Church and the Central New York District of the Wesleyan Church and Houghton College disclaims any and all liability in the unlikely event of injuries sustained in connection with this event.

Parental/Guardian Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Any allergies, medical conditions or special instructions: _____

Medical Insurance Company: _____

Medical Insurance Number: _____