

Liability Release & Medical Consent

The undersigned does hereby give permission for my above-named child to attend this event sponsored by Emmanuel Community Church and to participate in all activities.

I authorize an adult in whose care the minor has been entrusted, to consent to an X-ray examination, anesthetic medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Acts on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

please initial

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to the authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

please initial

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while participating in the activity sponsored by Emmanuel Community Church.

please initial

The undersigned acknowledges that he or she is advised and aware of the nature of the activities planned for this event. I also understand that there is some risk inherent in such activities. I consent to the minor's full participation in such activities and agree to hold Emmanuel Community Church and its agents and representatives harmless for any injury related directly or indirectly out of such activities or the transportation to or from such activities.

please initial

I further give permission for still or moving images of my dependent to be used by the church for promotional purposes in printed and/or electronic media.

please initial

Signature of Guardian

Date

Insurance Company

Policy Number

WHAT TO BRING

money for 2 meals
additional spending money
modest swimsuit (one-piece)
deodorant
soap/shampoo
toothbrush/toothpaste
sleeping bag (if you prefer not to share a bed with another student)
bible
games for the van ride
good attitude

WHAT NOT TO BRING

weapons
two-piece swimsuit
bad attitude

EMERGENCY CONTACT INFO

In the event of an emergency during this event, you may contact Brian at 402-1176.



eccstudentministries

Emmanuel Community Church
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260.672.3377
www.eccstudentministries.com

MIDDLE SCHOOL

SPRING BREAK:
CHICAGO

APRIL 5-7



For those of you who are sick of the blustery winter weather and tired of trudging through the snow, we have a secret for you....

SPRING BREAK

is coming soon!

This year we are pleased to offer a trip to Chicago for our middle school students. And while this is not officially a mystery trip, we are keeping the details of this trip on the down low--after all, everyone appreciates a little mystery, right? Although we can't tell you everything, here are 10 things we can tell you:

- 1- We will have a lot of fun together.
- 2- We have spots available for 25 middle school students.
- 3- You want one of those 25 spots.
- 4- Those 25 spots will sell out quickly.
- 5- We leave at 3:00pm on APRIL 5.
- 6- We return at 4:00pm on APRIL 7.
- 7- This trip costs \$75.
- 8- We are staying at the Hyatt Place Hotel in Lombard, IL.
- 9- There are certain things you will want to bring with you and certain things you will want to leave at home. Check the back of the brochure for that list.
- 10- We will have a parent's meeting on March 28 to let them know the details.

Registration for this event is easy. Just fill out the form to the right, rip it off and drop it in the Uth Booth with a \$25 deposit. Spots will be filled on a first-come-first-served basis.



Are you ready for this? Signing up is easy. Just follow this quick and easy registration process and we'll get you all hooked up...

- Check with mom and dad
- Fill out both sides of this form
- Rip this portion off and drop it in the Uth Booth with a \$25 deposit.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Grade: _____

E-mail: _____

Student may be given:

- Tylenol
- Pepto Bismol
- Benadryl
- Immodium

Medical Concerns:

- _____
- Please check this box if student has specific medical needs or prescription drugs that our staff needs to be aware of on this trip. A trip nurse will contact you prior to departure to collect that information.

keep this side for your info
turn in this side to register for event

