

WIRED YOUTH GROUP

All-Nighter Permission Slip

Part of this event will include leaving the primary location. Ezra and Cyndi will drive teens to alternate locations (locally) for food. Youth will not be permitted to drive themselves unless pre-arranged by a parent/guardian.

Primary Location: *Cyndi's House - 224 Flagstone Dr. Antioch*

When: *5pm February 6th - 10am February 7th*

Cost: *\$20 to cover meals/activities*

Please fill out the information and sign below.

Contact Cyndi or Ezra with any questions. (C: 408-318-7506, E: 925-207-5080)

Student name and number: _____

I give permission for my above-named child to join the Youth Ministry of Hillside Church and/or Edgewater Covenant Church (a.k.a. "Wired Youth Group") to participate in the above stated event, on the given date.

I hereby release Hillside Church, Edgewater Covenant Church, and/or, its staff, sponsors and volunteer workers, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

I understand photographs and video may be taken during the event and used for promotional purposes and no royalties will be awarded.

Signature of parent or legal guardian: _____

Printed name of parent or legal guardian: _____

Date: _____

Emergency Contact and Phone Number:

Secondary Emergency Contact and Phone Number:
