

SPRING FLING 2008 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, April 4th, 2008 through Saturday morning,

April 5th, 2008. We will meet at _____ at _____ pm.

We will return on Saturday at approximately _____ am.

This activity is for Junior/Senior High School students, their youth leaders/pastors of the _____ Church. The cost is \$_____ 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 _____ by _____, 2008.

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: _____