

2021 7th-12th All Nighter

What: Youth Group (7th-12th Grade)

When: Friday, October 8th-Saturday, October 9th

- Meet at FCLC at 7:30 pm, Oct. 8th to go to Wahooz
- Arrive at Wahooz at 8pm
- Leave Wahooz at 11pm
- Arrive back at Friendship around 11:30pm
- Stay up all night playing games, watching movies, and building relationships
- Pick up/Leave Friendship at 7am on Saturday, October 9th

Cost: \$25 by October 3rd

\$35 after October 3rd until October 7th

By signing the below document, you hereby give your child permission to attend the Senior High All Nighter, including the trip to Wahooz, on Friday, October 8th to Saturday, October 9th.

Parent/Guardian Signature

Date

FCLC YOUTH POLICY FAMILY AGREEMENT

*As the guardian of a youth participant, by signing this **Family Agreement** we are agreeing to the policies and guidelines set for the youth program at Friendship Celebration Lutheran Church. If I disagree with any of these statements and it will conflict with the rules I set for my child, I will address them with the Director of Christian Education.*

Youth who participate in our events are expected to follow these guidelines and respect them as they are placed, approved by the LLC Education Director, Director of Christian Education, Ministry Team, and by the approved adult leader(s).

-Director of Christian Education

Brett Lindemood

Guardian signature: _____

Guardian name printed: _____

Youth signature: _____

Youth name printed: _____

Date: _____



Health Information/Medical Treatment Permission and Release Form

FCLC Youth Group Event Permission Slip
- General On Campus Event Form -
- September 1, 2021 through August 31, 2022 -

I give permission for my youth, _____, to attend the function listed above. I also authorize the adult responsible for this youth from Friendship Celebration Lutheran Church – Meridian, ID to seek or provide medical care, or surgical care, including care rendered through the facilities of a physician or hospital for my youth, _____, in the event that an emergency arises and it becomes necessary for a physician to attend to my youth and I cannot be reached for consultation.

(PLEASE PRINT CLEARLY)

Full Name of Youth:

Date of Birth

Signature of Guardian

Date

Relationship to Child

Emergency #

() () _____
Home # Work # Home Address

Another family member or friend who could be called if parent cannot be reached:

Name Relationship () _____
Phone #

INSURANCE INFORMATION

Physician's Name: () _____
Phone #

Health Plan

Group #

SPECIAL MEDICAL, HEALTH, OR ALLERGY INFORMATION WE SHOULD KNOW:

**Appendix 2:
Assumptions of Risk and Release of Liability Form**



Friendship Celebration Lutheran Church Youth Ministry

Participant's Name: _____

Event: General On Campus Events **Date:** September 1, 2021 - August 31, 2022

The undersigned has been made aware that during participation in any Friendship Celebration Ministry sponsored event that certain dangers and exposure to physical injuries will be present. I understand that participation may require physical exertion and I am willing to assume the risks involved in this activity. In consideration of and as a conditions of the right to participate in such an activity, arranged by Friendship Celebration Ministry, the undersigned does hereby assume all risks incident to such activity and does hereby release and discharge Friendship Celebration Lutheran Church, as well as the youth leader(s), any pastor, DCE, teacher, adult leader, volunteers, and any other person or organization whose acts or to whom Friendship Celebration Ministry might be liable, from any and all liabilities, actions, causes of action, debts, claims demands of whatsoever kind and nature which may arise out of or in conjunction with such an activity or participant in any activities incident thereto. I have carefully read this Assumption of Risk and Release of Liability Form and fully understand its contents. I voluntarily sign it and realize that it will bind my heirs, personal representatives and me.

Participant's Signature:

Date:

Parent/Guardian's Signature:

Date:

(____) _____
Parent Phone Number:

(____) _____
Alternate Phone Number & Name:

**Appendix 3:
Youth Driver/Rider Form**



Friendship Celebration Youth Group Driving Permission Slip

Youth's Name: _____

In order to have a clear understanding of parents' wishes, please complete the following form regarding transportation to and from church and church based Senior High Fellowship activities.

My child has his/her license and is allowed to drive him/herself to youth fellowship events based at the church. My child has my permission to carry the following passengers (please list names, or "None" if you prefer that your child not transport passengers).

My child has my permission to be a passenger in a car driven by the following youth (please list names, or "None" if you prefer that your child not be a passenger in a youth-driven car).

_____ Please list any other special instructions or

limitations below:

_____ As per policy, no youth will be allowed to provide transportation or transport themselves from the FCLC church facility to events off church property. Many youth drive themselves to church for meetings and events. This document is intended to help leaders make sure that parents' wishes are honored regarding their youth driving with others. Changes can be made to this form at any time by contacting the DCE or Primary Adult Leader.

Parent Signature: _____ **Date:** (____) _____ **Cell Phone:** _____

Youth Signature: _____ **Date:** (____) _____ **Cell Phone:** _____

Appendix 4:
Picture/Video Release Form



Date: _____

School Year: 2021-2022

Picture/Video Release Permission

I hereby give Friendship Celebration Lutheran Church permission to take photographs of the minor named above or photographs in which the minor may be involved with others for the purpose of promoting Friendship Celebration Lutheran Church and its Children/Youth Ministry, (i.e. news publications, pre-school or church publications, brochures, social media, and pre-school and church website).

- **Yes, I do give permission.**
- **No, I do not give permission.**

I hereby release and discharge Friendship Celebration Lutheran Church, from any and all claims arising out of publication of this information or use of any photos.

(Please Print)

Child's First name:

Child's Last name: