

Youth Spring Event!

Friday, April 29th we will have our spring youth group event for 7-12 grade. This will be a 3-part event beginning at 6pm that Friday. First, we will be meeting at the FCLC parking lot, and then go to Treasure Valley Escape Rooms to do an escape room as a youth group. After this, we will be heading back to FCLC for our second event, movie night! We will convert the sanctuary into our own movie theatre, complete with popcorn and snacks. The movie will end roughly around 11:30pm. At this point, we will begin our third event...a lock in! We will spend the rest of the night wide awake eating snacks and playing games. There will be separate male and female rooms to sleep in, if they choose to go to sleep. The lock-in will end at 7am on Saturday, April 30th. **ALL FORMS SHOULD BE SUBMITTED BY SUNDAY, APRIL 24, TO CHARLIE YOUNG.**

Youth may join for any and all of these 3 events. This means that youth may be picked up or dropped off in between the 3 events if they only would like to participate in one or two of these events. For example, if you don't want to participate in the lock in portion of the night, you can just register for the first two events, the escape room and movie night. Simply circle below which events you would like to participate in.

Escape Room (\$25.00 fee, **all Checks should be made out to Friendship Celebration**)

Movie Night (\$5.00 fee, does not apply if you're already going to the escape room)

Lock-In

By signing this document, I hereby indemnify FCLC staff and volunteers permission to drive my child to and from the events of the spring youth event (if applicable). I give FCLC staff and volunteers permission to make decisions for my child that pertain to the safety of my child, with the knowledge that I will be contacted in case of an emergency. I commit to paying any fees for this event before the day of the event (April 29th). Lastly, I give my child permission to attend all the events above that have been circled.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Parent/Guardian Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Relevant Medical Conditions (food allergies, asthma, etc.): _____