

HOLY MISCHIEF YOUTH

Union Gospel Mission Christmas Dinner
Come Help Serve a Meal and Join the Party!
December 16, 2011



Meet at 3:30 at LifeWay Church 253-517-8630

We will head back to the church and
hang out in the Annex until 10:30pm

A Tradition Worth Keeping

*One of the most heartwarming nights of the year!
Come bless the men at the New Vision House as we serve their
Christmas dinner and deliver gifts to them and their families*



Name of event Participant _____ Birth date _____

Age _____ /Grade in School this year _____ /What School _____

Home Phone _____ Parent(s) Cell/Business phone _____
(Or where parents can be reached during the event)

Address _____ City _____ State ____ Zip _____

Email address: _____

Would you like to receive email notices of calendar events for all LifeWay Youth Events Yes or No

Emergency Contact Name & Number _____
(If parents are unavailable)

Does your youth have medical insurance yes or no(please circle)

Insurance Information (Company and Policy #) _____

Medical Information

Please list any allergies medications, medical information, or chronic illnesses your student may have. Please write "NONE" if there are not special circumstances/information/medication that we need to be aware of.

General Release and Hold Harmless Agreement

The undersigned, being the legal guardian of _____, give permission for my youth to attend in full on **December 16, the Union Gospel Mission Friday trip.** You, being the legal guardian of participant, hereby give your permission for LifeWay to take said participant to a doctor or hospital; you also hereby authorize the medical treatment of the participant, including transportation to and from LifeWay Church. You further authorize treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life and/or cause disfigurement, physical impairment, or undue discomfort if delayed. You will assume responsibility of all medical bills, if any.

This authority is granted only after a reasonable attempt has been made to contact you. You understand and acknowledge that the Church would not allow the participant to participate in such activity without releasing and holding harmless the Church. Further, in consideration of the church allowing your youth to participate in the activity, you agree to release and forever discharge the Church, their officers and directors, their employees and their agents, and any parties volunteering on behalf of the Church from all actions, claims, costs, expenses or damages of any kind growing out of or related to this activity and the participant. In the event that after-events are offsite, if your youth does not drive, he/she will be transported by one of an approved team of drivers from LifeWay Church in approved insured vehicles. Your youth will be unable to drive to any after events if they are more than 20 miles from LifeWay Church.

_____ **Date** _____

Printed Name of Parent / Legal Guardian

_____ **Date** _____ **Signature of**

Parent/Legal Guardian

Photos and video release! Do you give permission for LifeWay Church to use your youths image and name associated with any online or in print marketing for LifeWay Church? YES or NO (circle) _____ (Sign Here)