

# GUYS SMALL GROUP NIGHT OUT

## ::: CONTACT INFORMATION :::

student name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_

postal code: \_\_\_\_\_

emergency contact: \_\_\_\_\_

relationship to student: \_\_\_\_\_

emergency contact #: \_\_\_\_\_

## ::: MEDICAL INFORMATION :::

medications being taken: \_\_\_\_\_

dietary restrictions / allergies: \_\_\_\_\_

\_\_\_\_\_

## :::PARENT/GUARDIAN AGREEMENTS:::

I give permission for my above-named youth to join the Sr. High Group of Westheights Community Church for the following event:

**Name of Event:** Guys Small Group Night Out

**Drop Off Location & Time:** The Adventure's Guild Cafe, 36 Ontario St. N, Kitchener @ 7:00PM

**Pick Up Location & Time:** The Adventure's Guild Cafe, 36 Ontario St. N, Kitchener @ 9:30PM

**The Event Will and/or May Include:** Playing board games, playing old video games, eating food.

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, Westheights Community Church, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medical attention, x-rays or treatment, parents/guardians will be notified immediately. In case of surgical emergency, I hereby give permission to the physician selected by the church to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named on this form.

student's signature: \_\_\_\_\_

signature of parent or legal guardian: \_\_\_\_\_

printed name of parent or legal guardian: \_\_\_\_\_

date signed: \_\_\_\_\_

**::: Did you sign the photo release on the back? :::**

## EVENT DETAILS

**What:** Guys Small Group Night Out

**Where:** The Adventure's Guild Cafe, 36 Ontario St. N, Kitchener

### What to Bring:

- Extra Money for Food (roughly another \$10)
- A thirst for gaming!

**Cost:** \$10

**When:** Friday, Sept. 26th 2014

**Pick Up:** 7:00PM

**Drop Off:** 9:30PM

**::: PHOTO RELEASE :::**

I hereby give permission for:

- photos and video to be taken of my child;
- the use of photo/video images of myself and/or my child by Westheights Community Church, for the purpose of celebrating and promoting events.

I am aware that my and/or my child's photo/video image may appear on bulletin boards, on the Internet (e.g. on our church website, westheights.org, or on the church blog, connect.westheights.org) and may also be used in promotional slideshows or materials. Except with my express permission, my and my child's name will not be associated with any such published photo/video image.

students signature (if student is over 18): \_\_\_\_\_

signature of parent or legal guardian (if student is under 18): \_\_\_\_\_

date signed: \_\_\_\_\_