



GREAT WOLF LODGE GETAWAY

FEB 16-18, 2018

Speaker Bob Lenz

For students 8th-12 Grade



REGISTRATION : \$90 DUE JAN 17TH

**REGISTRATION GOES UP TO \$115 AFTER JAN 17
HOUSING AND FOOD COSTS WILL DEPEND ON
HOW MANY YOUTH WE HAVE ATTEND (\$140 PER
NIGHT PER 4 PERSON ROOM)**

WHO: 8TH - 12TH GRADE STUDENTS

COST: \$90 ~ PLUS HOTEL & FOOD



**WORSHIP*GAMES*FEED MY STARVING
CHILDREN*FUN WITH YOUR FRIENDS*WATER
SLIDES!**



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Northwest Quake~ By Life Promotions Feb 16-18

Youth Participant: _____

Emergency Contact Name & Number: _____

- **Please make checks payable to Pilgrim Lutheran Church**
- **A Pilgrim Medical Release Form is Required**

Pilgrim Lutheran Church, School, and Babysitting Medical & Liability Release 2017/18

PLEASE PRINT

Youth/Adult Participant: _____ Parent/Guardian Names: _____

Address: _____ Phone# () _____

_____ Cell mom () _____

Cell dad: _____ Work # () _____

Email mom: _____ Email dad: _____

Emergency Contact: _____ Emerg. Phone:() _____

Family Physician: _____ Phone: () _____

Please List any medical or special conditions (diet or medications) _____

IF I CANNOT BE CONTACTED IN A MEDICAL EMERGENCY, I (we) hereby give permission for medical treatment including hospitalization, medications, injections, anesthesia, and/or surgery for any child named on this form. I understand that I am responsible for any charges not covered by insurance. I also authorize the release of all information necessary to settle any claims.

Name of Insurance: _____ Policy Number: _____

BY SIGNING THIS FORM, I hereby acknowledge the inherent risks in youth activities. I do hereby voluntarily participate in the programs offered. I release and discharge Pilgrim Lutheran Church, School, and youth leaders from all action that they as a participant, their heirs, guardians, and legal representatives now have or may hereafter from all action that they as participant, their heirs, guardians, and legal representatives now have or may hereafter have for injury or damage sustained. I acknowledge that I have read this agreement and fully understand its contents. I understand that this is a release of liability. **This authorization shall remain effective from September 1st, 2017 through Sept 30, 2018** unless sooner revoked in writing, and delivered to the Minister of Youth—DCE. This authorization may be photocopied and the original kept in office files.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Adult Participant Signature: _____ Date: _____

I give my permission for photos to be used in publications (newsletter, bulletin boards). ___YES ___ NO

I give my permission for photos to be used on the Pilgrim Web-site & other media ___YES ___ NO

_____ By checking here I signify that I am a Thrivent member. (For fundraising purposes.)