

Activity Guidelines

Come on time and plan to have fun!

1. We understand that we are witnesses for Christ and must conduct ourselves accordingly; in words, actions, dress, etc.
2. Use the buddy system; if you need to leave the group for any reason let one of the leaders know.
3. No illegal or controlled substances.
4. Any prescribed medications should be brought to the attention of the leader (s) beforehand.
5. Use of electronic entertainment equipment of any type is discouraged on youth group outings. We are here together let's be together.
6. When swimming or water sports are involved, proper and respectful attire is required.
7. If these rules are not followed, your parent/guardian will be called and notified of the situation. Your parent/guardian may have to pick you up wherever you may be.

Extra spending money is often handy to have (up to the discretion of parent /guardian).
We have established these event guidelines for the safety and protection of our youth.
Please present the permission slip below to the leader handling the registration.

Permission Slip

I give my child, _____, permission to travel to:

Kingpiz in Fargo, ND on September 14, 2021

Meet at Hope at 6:15pm, students will be back to the church between 9:00-9:30pm

I will not hold **Hope Lutheran Brethren Church (Hope LBC)** or the **Youth Leaders** responsible for any accident. I give permission for any medical aid that may be deemed necessary, understanding I will be contacted immediately in the case of an emergency. I give permission for the administration of Tylenol and/or Advil (Ibuprofen) to my child according to the manufacturer's instructions for the following reason(s) _____ (e.g. headache, fever). By having my child attend this Hope LBC Youth Group event, I am giving my permission for photographs and videos taken on the trip to be used or reproduced by Hope LBC for promotional and educational purposes including brochures, publications, illustrations, and our Web site.

Parent/Guardian Signature*

Date

Phone #(s) _____ *call requested if* _____

Alternate Contact name and/or # _____

I have read and will support the activity guidelines listed above, and have discussed them with my child who agrees to abide by them. _____

*Par/Guar Initials

Child's Signature

Date

The Cost of this activity including transportation **\$ 5 (bowling and shoes included)**

Bring extra money for other attractions, food, and snacks.

Make Checks payable to Hope LBC

(talk to Pr. Kevin if funds are the only reason you may not attend. Funds may be available to help.)