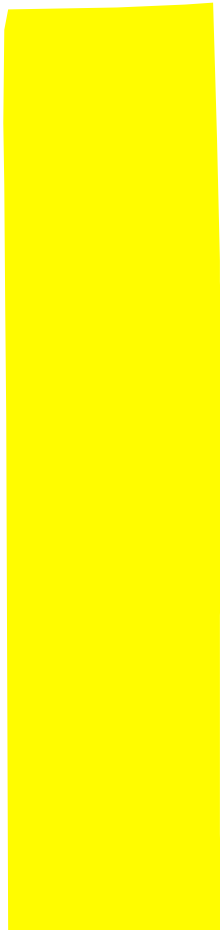


Join flipd during...

# Summer 2010

the perfect time of year

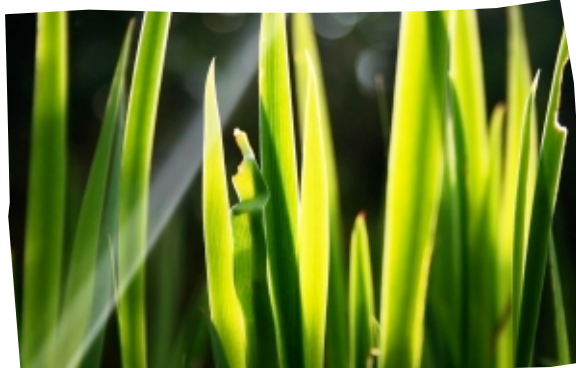
to spend with friends in the sun



- \*June 9th - Parent Teen Picnic
- \*June 22nd - Tuesday @ Tinseltown (Toy Story 3)
- \*June 30th - Capture the Flag
- \*July 7th - Pool Party (at the Busken's)
- \*July 28th - Geauga Lake's Wildwater Kingdom
- \*August 25th - Wednesday Night Kick-Off



middle school  
ministry of  
First Friends  
Church



If you would like to join us for any of the above activities, please fill out the check list permission slip and be sure a medical form is on file. More information for each event coming soon to [www.flipd.org](http://www.flipd.org).

What will you be doing this summer?

Join us for one activity or all!

**Permission Slip:**

I give permission for \_\_\_\_\_ to attend the following First Friends youth activities:

- Parent Teen Picnic (6.09)                       Pool Party (7.07)
- Tuesday @ Tinseltown (6.22)               Geauga Lake (7.28)
- Capture the Flag (6.30)                       First Wednesday Night (8.25)

**Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please note: Medical Form needed if none has been filled out for the 09/10 school year.*

**Medial Form:**

Name of Student: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s): home \_\_\_\_\_ cell \_\_\_\_\_ Email: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Do you attend church: \_\_Y\_\_N Where? \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone #1(\_\_\_\_) \_\_\_\_\_ Phone #2(\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone #1(\_\_\_\_) \_\_\_\_\_ Phone #2(\_\_\_\_) \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Phone #1(\_\_\_\_) \_\_\_\_\_ Phone #2(\_\_\_\_) \_\_\_\_\_

If parents are divorced, who has primary custody? Mother\_\_\_\_ Father\_\_\_\_

**In an emergency when parent/guardian cannot be reached, please contact the following:**

Name: \_\_\_\_\_ Phone #1(\_\_\_\_) \_\_\_\_\_ Phone #2(\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone #1(\_\_\_\_) \_\_\_\_\_ Phone #2(\_\_\_\_) \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Current medication and dosage: \_\_\_\_\_

*Any medication that is needed during an event must be administered by our designated adult and MUST be in the original container labeled by the pharmacy. If you would like your child to have any over the counter medicine (ie. Tylenol/Ibuprofen) it will need to be turned into the youth staff and administered on an as needed basis.*

Hospital Insurance: \_\_Yes\_\_ No Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

In the following statements, First Friends refers to all authorized adult leaders with the youth program, both paid staff and volunteers. These statements are valid from **September 1, 2008 - September 1, 2009.**

- I give permission for my student, named above, to attend and participate in First Friends activities.
- I give permission for First Friends to photograph my child or myself and use those photographs for future advertising.
- I give permission for First Friends to transport my student during these activities.
- I give permission for First Friends to make necessary decisions in any medical emergency involving my student.
- I will not hold First Friends Church or individuals leading activities responsible for payment of emergency medical treatment involving my student or liable in any way for any harm to my child during participation in activities.
- The participant agrees to respect any guidelines given by First Friends related to behavior at activities. Any behavioral problems that arise are subject to appropriate disciplinary action.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_