

What thing?

That Thing!



At Kalahari Resort in Sandusky Ohio!

December 10th - 11th

Need a
break from
school?
Wish
summer
was here?



**THAT THING
IS A WEEKEND
GETAWAY FOR
YOU AND
YOUR
FRIENDS!**

**Form is
due no
later than
November
13th!**



Visit www.flipd.org/thatthing for the packing list and other information.



Flipd, the middle school
ministry of First Friends
Church.

**Cost is \$65, BUT if you invite a friend you
get \$2 off! You can invite up to 6 friends.**



FIRST FRIENDS CHURCH

Permission Slip

I give permission for _____ to attend this First Friends youth activity.

Parent or Guardian: _____ Date: _____

Please note: Permission slip must be turned in for each activity, even if medical information has previously been turned in.



FIRST FRIENDS CHURCH

Medical 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, 2011-August 31, 2012.**

- 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 Flipd volunteers 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: _____

Medical information only needs to be turned in once for Sept. 1, 2011 - Aug. 31, 2012 unless any information changes.

How did you hear about this event? _____

Cash
Check
How much?
Chairs
Please include payment: