

NOVEMBER 16-17 2018



If you're in grade 6-9, then Unite is for you!

Unite is a crazy night of laser tag, inflatable obstacle courses, bubble soccer, pizza, karaoke, mario kart, worship, and learning about God's plan to bring his people together.

> Drop off: Between 6-7pm at South Langley Church (20098 22Ave, Langley) on Nov 16th.

> > Pickup: Noon on Nov 17th.

Cost: \$35 (includes pizza at 11pm, snacks, and breakfast in the morning).

> What to Bring: Sleeping Stuff (a mat, pillow, and sleeping bag) Toiletries (toothbrush, toothpaste, deodorant) A change of clothes and Pyjamas Your Bible

Please Return your registration forms to your youth pastor by November 11th.

UNITE RETREAT Registration/Waiver

Student Information



Student's Name:		
Home Phone:	Cell Phone:	
School:		
Email:	Age	Grade
Parent Names:		
Student's Birth Date:	Care Card #:	
(mm / dd / yyyy)	Doctor's Phone	
Doctor's Name:	Number:	

I give my permission for the above-named child to join: **SLC Youth** for the **Unite Retreat** event on the dates of **November 16-17.** I hereby release SLC, its staff and volunteers from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize any adult leader of this activity, as agent for me, to consent to any x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I understand that I will be contacted as soon as possible in the case of an emergency.

Likewise, I understand that pictures and videos may be taken during this event, and I give my consent and release South Langley Church and its staff and volunteers to use media that includes the abovenamed child's image and voice in the South Langley Church web page and subsequent related materials without remuneration. I hold the church harmless if my authorization leads to unanticipated outcomes.

MEDICAL / EMERGENCY CONTACT INFO

This information will be kept confidential.

Do you have any medical conditions we should be aware of? If so, please explain.	Yes	No
Do you take prescription drugs we should be aware of? Please specify.	Yes	No
Do you have any allergies? Please specify.	Yes	No

IN THE CASE OF AN EMERGENCY, PLEASE CONTACT: (Be sure these contacts are available during the event.)

Name:	Relationship to Student:
Home Phone:	Cell:
Name:	Relationship to Student:
Home Phone:	Cell:

I declare by my signature below that all information is correct and I have disclosed all know medical conditions.

Parent Signature:

Signature date: