



## **September 10 - 10PM-7AM**

*The schedule for the 2010 Roundabout is as follows:*

**10pm - 12am** **YMCA (701 S. 4th St.)**

At the YMCA we will be able to swim in the pool (bring towel/suit if you plan to), play basketball/volleyball in the gym and hang out with friends in the game room.

**12:30am - 2:30am** **King Pin Lanes (3115 E. Sangamon Ave.)**

What would a Roundabout be without a couple hours of late night bowling and other fun games? Come ready to get your game on!

**3:00am - 4:30am** **Lake Springfield Christian Assembly (1674 Lick Creek Lane)**

This will be a great chance for us to run around (dodgeball anyone?), have some snacks, play video games, and relax with friends.

**5:00am - 7:00am** **Showplace East (2945 S. Dirksen Pkwy.)**

We will finish off by watching a student-friendly movie (PG or G) here. The concession stand should be open if students want to purchase anything.

**Parents:** ***Please make arrangements for your child to be at the YMCA by 10pm and be picked up at Showplace East promptly at 7am. If you need to contact Chris during the evening you can call 816-7145.***

***No need to pre-register. Just bring a completed permission form (see reverse side) and \$20 to the YMCA.***

**Please Check**

Date Received \_\_\_\_\_  
(For Office Use Only)

Jr. High School     High School

**STUDENT MINISTRY PARENTAL CONSENT FORM**

September 10- August 11

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_

Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

- The undersigned does hereby give permission for our (my) child, named above, to attend and participate in all activities associated with West Side Christian Church from September 1, 2010 through August 31, 2011.
- The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.
- The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in West Side Christian Church. The leader assumes full responsibility for discipline, and because of misconduct or disobedience, may require an attendee to return home. In such an instance, I will assume responsibility.
- The undersigned does also understand that WSCC's priority is to keep all participants safe at all times, and gives WSCC and its leader's authorization to approve emergency medical treatment in the event that they cannot be contacted. The undersigned will not hold WSCC, nor its agents, liable for any injuries incurred during youth activities.
- I hereby release West Side Christian Church from any responsibility other than the normal supervision and care. In case of accident, I will not hold West Side Christian Church or its staff members, management, or officers liable unless guilty of negligence.
- I hereby release and agree to hold harmless WSCC, and any party associated with WSCC from any liability by virtue of any blurring, distortion, alteration, or use in composite form whether intentional or otherwise, that may occur or be produced in the acquisition of any media, or in any processing tending toward and including completion of the finished work including any and all written text or copy that may be created and or appear in the connection therewith. I agree that WSCC owns the copyright therein and renewals and extensions thereof and hereby waive any claims (financial or otherwise). I agree that this release shall be binding upon my student.

Signature of Parent(s) or Guardian(s) \_\_\_\_\_

**Initial here if you DON'T want this form to be a blanket form for all youth activities \_\_\_\_\_**

**If this is NOT a blanket form, then please enter the event this form covers \_\_\_\_\_**

*If this is a blanket form, please keep us aware of any changes in your health insurance coverage or change of emergency contacts.*

**IN CASE OF EMERGENCY**

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Emergency Phone Numbers other than those listed above

\_\_\_\_\_

Please list any allergies or medications your student is currently taking

\_\_\_\_\_

\_\_\_\_\_