

Summer End Social

August 29

grades 6-12

\$10

entry

A great night to reconnect as we travel to the Seiling Homestead for some country fun and bonfire just before summer end.

DROP OFF & PICK UP at Waterloo Pentecostal Assembly

TRAVEL BY BUS to the Seiling's Home 7146 Noah Rd Elora, ON

DROP OFF at 6:45pm

BUS LEAVES at 7:00pm

RETURN TO WPA at 11:30pm

Event Held at

Tanya & Nathan Seiling's Home

7146 Noah Rd

ELORA | ONTARIO

BRING

Dress for the Weather

Your Own Snacks (we'll have campfire food)

A sweater for when it gets cool

Lawn Chair for around the fire

PLEASE NOTIFY PASTOR ANDREW of any allergies and/or health concerns **at the time** you register

EVENT CONTACT - Pastor Andrew

Work 519.884.0530 ext. 123

Mobile 519.362.7005

Email andrew@wpa.church

Summer End Social

Gr 6-12

With Waterloo Pentecostal Assembly – Youth Ministries

Event Description: A great night to reconnect as we travel to the Seiling Homestead for some country fun and bonfire just before summer end.

Date: Thursday, August 29, 2019

Time: 6:30-11pm

Cost: \$10

Location & Details: Meet us at Waterloo Pentecostal Assembly, Bussing to 7146 Noah Rd, Elora
We encourage you to bring some friends and dress for the weather.

Student Code of Conduct: no possession or use of alcohol, drugs or tobacco, no fighting, weapons, fireworks, lighters, no offensive or immodest clothing, (for overnight events) no boys in girls' sleeping quarters and no girls in boys' sleeping quarters. Participation with group is expected, respect property, respect one another, staff and adult leader, respect and comply with event schedules.

Participant's Personal Information:

Student's Name: _____

Birth Date: (dd/mm/yr): ____/____/____ Age: ____ Grade: ____ Male Female

Home Phone: _____ Student's Cell: _____

Full Address: _____

Student's Email: _____ Parent's Email: _____

Consent to receive email updates on event information current and future.

Medical Information:

Health Card Number: _____ Version (last 2 letters): _____

Dietary Restrictions: _____

Allergies: _____

Does your student carry an Epi-pen? Yes No

Health Concerns / Existing Medical Conditions: _____

During this event I may be contacted by phone at:

Parent/Guardian Name(s): _____

Home: _____ Cell: _____

Alternate Contact Name: _____ Phone: _____

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend the above noted event being organized by the Church. I/we understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for an injury, loss or damage to person or property that may occur during the course of my/our child's medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/we also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of the medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ Date: _____

Pastor's Andrew's Contact Info – Cell: 519-362-7005 // Email: andrew@wpa.church