

NoLimit Summer Social

July 4
grades 6-12

\$10
entry

Its our FIRST night in the summer! To celebrate we're headed out of town. Kick back, eat copious amounts of food, have some fun swimming, say hello to some animals and finish the night off with an outdoor movie!

DROP OFF & PICK UP at Waterloo Pentecostal Assembly

TRAVEL BY BUS to Matt & Sarah Seiling's Home, 887573 Twp Rd 11 Blandford Blenheim ON

DROP OFF at 6:30pm

BUS LEAVES at 6:45pm

RETURN TO WPA at 11:00pm

Event Held at

Matt & Sarah Seiling's Home
887573 Twp Rd 11 Blandford
BLenheim | ONTARIO

BRING

Dress for the Weather

Your Own Snacks (we'll have popcorn & snacks for you too!)

Bathing Suit & Towel

A sweater for when it gets cool

Lawn Chair for the movie & hang-outs

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

NoLimit Summer Social

Gr 6-12

With Waterloo Pentecostal Assembly – Youth Ministries

Event Description: We're headed out of town. Kick back, eat copious amounts of food, have some fun swimming, say hello to some animals and finish the night off with an outdoor movie!

Date: Thursday, July 4, 2019

Time: 6:30-11pm

Cost: \$10

Location & Details: Meet us at Waterloo Pentecostal Assembly, Bussing to 887573 Twp Rd 11 Blandford Blenheim ON
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: _____

My child *can* & is *capable* to swim without assistance Consent to receive email updates

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