

FALL SOCIAL



LECRAE



AC & BRADY



BROOKE NICHOLLS

OCTOBER 18

Grades 6-12

A chance to see Brooke Nicholls, Ac & Brady, and LECRAE in concert! Join us for an awesome night of music and fun! We're taking two busses (Gr 6-8 & Gr 9-12), so make sure you bring some friends!

MEET US at Waterloo Pentecostal Assembly.

TRAVEL BY BUS to Church on the Queensway, Toronto

MEET at 4:45pm

BUS LEAVES at 5:00pm

BUS RETURNS at approx. 11:30pm

Event Held at

Church on the Queensway

1536 The Queensway

TORONTO | ONTARIO

COST

\$15/student up to October 13

Registrations may sell out before event

BRING

Please eat dinner prior to leaving or on the bus

Money for snacks & merchandise

Friends!

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

Fall Social

Gr 6-12

With Waterloo Pentecostal Assembly – Youth Ministries

Event Description: A chance to see Brooke Nicholls, Ac & Brady, and LECRAE in concert!

Date & Time: 5-11:30pm Friday October 18, 2019
Cost: \$15 by October 13 (Registration ends October 13)
Departure Details: See details attached.
Location: Church on the Queensway, 1536 The Queensway TORONTO
Activities: Concert featuring Lecrae

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

