

## **WHAT:** Clay Your Way Girls Day Out

Students will eat first and then head over to Clay Your Way (1 – 2:30 PM). We may do some shopping, etc afterwards, if time allows. Malloreigh Barron will be chaperoning the trip.

**CLAY YOUR WAY**



**WHEN:** Saturday, June 15, 2024 (10 AM – 5:30 PM)

**WHO:** Relentless Youth Girls

**WHERE:** Clay Your Way, 4600 17th Ave S. Suite J, Fargo, ND 58103

**COST:** Projects will range from \$18-30 depending on what the participant selects; Money for food.

**REGISTRATION DEADLINE:** JUNE 12, 2024

## HOW TO REGISTER

- Complete the attached Medical Release form and return to the church



**Questions?** Contact the church office at 701.642.9445.

Top sheet is for informative purposes and is yours to keep.





# 2024 Harvest Outreach Church

# Medical Release & Permission Form

## STATEMENT OF HEALTH

*Must be completed with authorization-release statement signed (on back of form).*

Student's Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Grade \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone(s) \_\_\_\_\_

Second Parent or Emergency Contact \_\_\_\_\_

Phone(s) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

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

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

Name of Policy Holder \_\_\_\_\_ Birth Date of Policy Holder \_\_\_\_\_

### HEALTH HISTORY – Please check all that apply:

Lung Trouble/Asthma

Cardiac or Kidney Problems

Diabetic

Seizures: \_\_\_\_\_

Allergies: \_\_\_\_\_

Restricted Activities: \_\_\_\_\_

Current Medications (send instructions): \_\_\_\_\_

Date of Tetanus Booster: \_\_\_\_\_ Penicillin or Drug Reaction: \_\_\_\_\_

Carrier of Infectious or Contagious Disease? (If Yes Explain) \_\_\_\_\_

Are the applicant's immunization records up to date?  YES  NO (Do not send records)

Other health information we should know \_\_\_\_\_

*\*Information will be kept confidential and be used only in an emergency.*

**PLEASE COMPLETE BOTH SIDES**

# PARENTAL AUTHORIZATION AND CONSENT-LIABILITY RELEASE STATEMENT

**Medical Information:** Please check one option

\_\_\_ Medical information is on file and is current.

\_\_\_ Medical information needs to be updated. \*

\*Updated Statement of Health form must be attached for child to attend event.

*IN CASE OF EMERGENCY*, and when I am unable to be contacted, I hereby give permission to the local physician to hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for my child.

**Activity Information:** I understand that by signing this form I am giving permission for the listed student to participate in all activities. Every activity is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in activities. They also agree to not hold Harvest Outreach Assemblies of God, its' employees or volunteer assistants, liable for damage, losses and injuries to the person or property undersigned.

**Event Information:**

**Name of Event**

Clay Your Way

**Location**

Clay Your Way, 4600 17th Ave S. Suite J, Fargo, ND 58103

**Dates and Times**

June 15, 2024 (10 AM – 5:30 PM)

**Transportation**

Van  Private Vehicle  None

**Cost**

\$18-30 plus food for money. See information sheet for more details.

**Other:**

**Pictures and Videos:** We authorize Harvest Outreach Church to use our child or youth's likeness in photographs or video in any and all of its publications and other media. We will make no monetary or other claim against the church for the use of such photos or videos.

**Disciplinary Action:** I understand that if my child or youth does not conduct his/herself in a Christ-like manner while attending events of Harvest Outreach Church, my child will receive disciplinary action. If that action includes being dismissed from the event, I will be responsible for transporting my child or youth home.

**Parent or Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I, (student's name) \_\_\_\_\_ agree to conduct myself in a Christ-like manner while attending the events of Harvest Outreach Church. I will attend all required meetings and cheerfully submit to those in authority over me. I will also obey any rule which may be implemented for a specific event. I realize that failure to adhere to these guidelines will mean disciplinary action and possible dismissal from the event and return home at my parent's expense.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Harvest Outreach Church of the Assemblies of God  
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**PLEASE COMPLETE BOTH SIDES**