



8th Grade Cross Training Students!

Don't Miss It!!

What is [un]Paved? [un]Paved is a Youth Conference/Retreat this is focused on service and passionate that all become imitators of Christ in a life of service. The weekend will consist of speakers, music, Bible studies, servant event planning and a service projects and more.

<p>When: January 27-28, 2012</p> <p>Where: Mayer Lutheran High School Mayer, MN</p> <p>Cost: \$65.00 (Includes registration, transportation, & lodging)</p>	<p><u>What to Bring:</u></p> <p>Extra Clothes Toiletries Sleeping bag, billow and air mattress Cash for Friday dinner and souvenirs (\$10-\$30)</p>
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Schedule:

Friday, January 27

- 4:00 PM Meet at Family of Christ to depart
- 5:00 PM Dinner—Fast Food!
- 6:30 PM Doors Open for UnPaved evening session
- 10:00 PM Dismissed - Overnight at a local church

Saturday, January 28

- 8:00 AM Doors Open for UnPaved morning session
- 11:50 AM Dismissal/Lunch/Service Project
- 3:30 PM Doors Open for UnPaved final session
- 6:00 PM Depart for home
- 6:45 PM Return to Family of Christ

(Cross Training Students can earn 2 Volunteer hours and 5 Fellowship Credits.)

Detach and return with payment to the church office by January 18, 2012

Name: _____ Grade: _____ Phone: _____

Address: _____ Email: _____

Cost: \$65 Payment Enclosed: _____ Cash _____ Check # _____ Youth Account _____

_____ Parent willing to attend as a Chaperone Name: _____

Permission and Liability Release

To whom it may concern:

The undersigned does hereby give permission for our (my) child listed on this form, _____ to attend and participate in activities sponsored by FAMILY OF CHRIST LUTHERAN CHURCH at the [un]Paved Event on January 27-28, 2011

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

I further release FAMILY OF CHRIST LUTHERAN CHURCH and its ministers, leaders, employees, volunteers and agents from any claim that my child may have, or that I may have, against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against FAMILY OF CHRIST LUTHERAN CHURCH or its ministers, leaders, employees, volunteers, or agents.

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 activities sponsored by Family of Christ.

Signature of Parent/Guardian

Date

Phone # where Parent can be reached on Jan. 27-28