



Boating Trip
August 28th 2010

Cost \$11.00

8:00 a.m.

**YOUTH MINISTRIES OF THE
FIRST BAPTIST CHURCH**

349 S. THIRD STREET

DEKALB, IL 60115

815-758-3973

Bob Edwards, FAMILY LIFE PASTOR

Youth Name_____

Parents_____

Address_____

Phone_____ **Birthdate**_____

Emergency Contact and Phone_____

Insurance and Policy Number_____

**Known allergies, medicines being taken,
etc.**_____

I grant permission for my youth to attend the “Boating Trip” with the youth ministry of First Baptist Church of DeKalb. This event is on Saturday August 28th, 2010. I understand that in the event medical treatment is required for my youth, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff and sponsors to secure the services of a licensed physician or hospital to provide the care necessary for my youth’s well being.

Signed_____ **date**_____

Parent or Guardian