



WE ARE EXCITED TO BE GOING TO THIS WONDERFUL WEEKEND EVENT AIMED AT JR. HIGH STUDENTS. THERE WILL BE GREAT PREACHING, WORSHIP, ACTIVITIES AND DEDICATED GROUP TIMES SO THAT WE CAN GROW TOGETHER. BE IN PRAYER FOR THIS WEEKEND AND EXPECT GOD TO DO GREAT THINGS!

JR HIGH BELIEVE
@ ANDERSON UNIVERSITY
APRIL 20-21



VALLEY MILLS CHRISTIAN CHURCH
STUDENT MINISTRY
5555 KENTUCKY AVE.
INDIANAPOLIS, IN 46221
VALLEYMILLS.ORG

Valley Mills Christian Church

Parental Consent/Medical Treatment Form

BASIC DETAILS:

WHO: 7TH-8TH GRADERS
DATE: APRIL 20-21
TIME: 4:30PM FRIDAY* - 6:30PM SATURDAY
COST: \$75 (PRICE IS \$95 AFTER 3/11)

REGISTRATION DETAILS:

1. FILL OUT THE VALLEY MILLS RELEASE FORM (TO THE RIGHT) AND TURN IT INTO THE CHURCH OFFICE BY 3/11 WITH YOUR FEE.
2. A CIFY FORM WILL BE MAILED TO YOU AFTER WE RECEIVE YOUR REGISTRATION. FILL IT OUT AND TURN IT IN BEFORE WE LEAVE.
3. MEET AT CHURCH READY TO LEAVE ON 4/20 BY 4:30 PM.
4. MEET AT CHURCH AT 6:30 PM ON 4/21 TO PICK STUDENTS UP.

WHAT TO BRING:

USE GOOD JUDGMENT WHEN PACKING. THERE ARE OBVIOUS THINGS YOU SHOULD NOT BRING (TOBACCO, ALCOHOL, ILLEGAL DRUGS, GUNS, ETC.). HOWEVER, THERE ARE OTHER ITEMS WHICH MIGHT NOT BE AS OBVIOUS - A GOOD RULE TO GO BY IS IF AN ITEM IS GOING TO BE USED TO HURT, PRANK OR ISOLATE A MEMBER OF THE GROUP (INCLUDING YOURSELF), DO NOT BRING IT!

DEFINITELY BRING:

1. BIBLE
2. NOTEBOOK/PEN
3. ONE CHANGE OF CLOTHES APPROPRIATE FOR THE WEATHER.
4. TOILETRIES, WASHCLOTH & TOWEL
5. SLEEPING BAG/PILLOW
6. CAMERA
7. MONEY FOR 2 FAST FOOD MEALS, OFFERING AND SNACKS AT THE EVENT
8. CELL PHONES ARE ALLOWED, BUT NOT TO EXCESS
9. MEDICATION - WILL BE COLLECTED AT REGISTRATION
10. SNACKS FOR AFTER THE EVENT ON FRIDAY NIGHT

*EAT BEFORE YOU COME OR BRING DINNER WITH YOU.

Event Leader:

Event: Believe (4/20-21)

Student's Name: _____

Name of Parent/Legal Guardian: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____

Parents' Cell Numbers: _____ Text? Y/N _____

Student Cell Number: _____ Text? Y/N _____

Health Insurance Company: _____ Policy #: _____

Known allergies and medications (with dosages):

Students are responsible to bring and take any medication.

PLEASE READ CAREFULLY AND SIGN BELOW:

I, the undersigned parent or guardian of _____, a minor, do hereby authorize adult workers with the youth of Valley Mills Christian Church to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon 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.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital, or other medical center for rendering such services. My signature confirms that I hereby give witness to the proper completion of this form by the minor's parent or guardian.

(Signature of Parent or Legal Guardian)

(Date)

**Form only good
for a single event.**