

**WHO:** All youth 6th-12th grade **DATE:** November 2nd, 2018

**TIME:** 5:45- 9:45pm

**WHERE:** Field of Adventure
**MEETING LOCATION:** FUMC

**COST:** $8.00 per person

Meet at the church. Bring money if you want snacks (concession stand located on the grounds) We will have a campfire/s’mores. Dress warm and bring a flashlight.

**![164110760[1]]()DUE: October 28th - Cut and return bottom portion to Lisa
Checks made out to FUMC with “Corn Maze” in the memo
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**Event: Corn Maize 2018**

Name of Youth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact for day of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Youth Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_P/G email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current “Participation and Medical Authorization Form” on file with Youth Dept? □ YES □ NO

Participating as an adult? □ YES □ NO (You must have clearances on file)
Are you willing to drive? □ YES □ NO I can transport \_\_\_\_\_\_\_ youth.

**Participant Agreement:**

I will conduct myself in a mature, respectful, and Christian manner as outlined in the Youth Covenant during this event. I will obey all rules and regulations set up by the youth department and those facilitating this event.
**Youth Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adult Permission:**

As Parent/Guardian, I consent for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend this church sponsored trip/event mentioned above. In the event of an accident or emergency involving my child in connection with this trip/event, I give my permission to the supervising adults to give or to seek whatever First Aid and/or Professional Medical Treatment they deem necessary. I further authorize the supervising adults to make medical decisions for my child until I am able to do so. I agree to hold harmless First United Methodist Church**,** its Pastors and members, agents, assigns, and all of the supervising adults of this trip/event from any and all liabilityassociated with this trip/event including but not limited to any and all medical decisions on my behalf by the supervising adults and any and all injuries incurred by my child at this trip/event. This paragraph shall be construed broadly to allow supervising adults to make any and all emergency medical decisions on my behalf until I am able to do so.
**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 □ Check here if you would like to be considered for a scholarship for this event.