



2018 MSM Youth Conference

PLEASE KEEP THIS SHEET! Pack list and information COST: \$70.00

We will depart NPC on Friday at 4:00pm. Please arrive no later than 3:45 so we can leave right at 4. **Bring dinner to eat on the way.** We will return to NPC by 8:00pm on Saturday. Space is limited so please sign up ASAP. **You can register online but you MUST complete and return a PERMISSION SLIP to the MSM office prior to the trip.**

DEADLINE TO REGISTER IS MARCH 18

Lodging:

Covenant Presbyterian Church
1015 E 32nd St.
Holland Michigan, 49423

* **Necessities**

- clothing/sleepwear for overnight
- socks, underwear for overnight
- towel & washcloth, personal toiletries (toothbrush, soap, shampoo, etc.)
- Bible (notebook and pen)
- sleeping bag, pad and pillow**
- \$ for incidentals
- any necessary medications in original containers with dosage information**

* **Optional**

- snacks (no nut items, check your labels)

* **DO NOT BRING**

- headphones, CD players, MP3 players, cell phones, other valuables
- energy Drinks (Red Bull, Monster, Vault, Jolt etc.)

Be sure to only have one bag, one sleeping bag, and one pillow. You may bring a backpack or other small carry-on for the van. Space is limited, please be courteous and only bring what you need!

Emergency numbers

Joel Blackmon 630-549-5109

Tracey Bouton 630-621-8184 (local if you can't reach Joel)



NPC MIDDLE SCHOOL



**GENERAL PERMISSION -
STUDENT MINISTRIES**—*Participants under 18 years of age*
FILL OUT COMPLETELY...PLEASE PRINT

PLEASE PRINT

PERMISSION

For the following activity: **MSM Youth Believe Conference in Holland, Michigan** Date: **April 20-21, 2018**

Transportation by: **NPC leaders in NPC Vans**

As a parent/legal guardian of _____ AGE ____ BD _____ Male ___ Female ___ School Grade _____

I/We have reviewed the information attached hereto and/or incorporated by reference about the NPC ministry event and give my permission for the subject of this release to be involved in the listed activities.

I/We understand the rules and expected behaviors for this activity/trip, and NPC activities in general. If my son/daughter fails to abide by the rules, I/We understand appropriated disciplinary action will be taken, including -should it be deemed necessary-the removal of the student at the expense of the student's parents/guardians.

PHONE NUMBERS WHERE PARENT /GUARDIAN CAN BE REACHED DURING THE SAID EVENT:

(CELL) **(HOME)** **(WORK)**

MEDICAL AUTHORIZATION

In the event of an accident of illness during the course of this activity, I/We:

(Parent/Legal Guardian of) (name of child)

authorize the NPC Ministry Director, NPC event coordinator, or one of the NPC adult supervisors in attendance to act on my behalf and approve appropriate medical attention should emergency treatment be necessary. I/We understand every effort will be made to inform me/us of all conditions and procedures to be taken before treatment is given.

Any medical conditions we should be aware of? (allergies, etc.) PLEASE be thorough.

Any medication being taken currently? Please list all medications, including repeated use nonprescription drugs.

Doctor: _____ Phone: _____

Medical insurance company name and policy group or ID number: _____

Parent/Guardian Signature for permission/medical authorization: _____

Parent email address: _____

Home address if not in NPC records _____

Are you a guest of an NPC student? Yes ___ No ___ Which Student? _____

For office use only PD online/cash/check _____ Date: ____/____/____