

**United Methodist Church of Chugiak Youth Overnight at UMCC
Friday, October 25th at 7 PM
to
Saturday, October 26th at 10:00 AM**

(Optional pick-up/leave at 12 AM with Parent Permission)

Youth (6th grade and up) are invited to attend an overnight lock-in at The United Methodist Church of Chugiak) October 25-26, 2024. Any youth who would like to attend are welcome – as long as they have a permission slip.

The MAIN REASON for the overnight is to play “Among Us” – a game in the dark – from on Friday night.

The retreat will include: some informal lesson time, snacks, game time, an optional short movie late at night, and breakfast in the AM.

We know some youth need to get up early for jobs or sports on Saturday and that parents may just want kids home for the night. No problem. Therefore, if the parent gives permission to pick up their youth at midnight or gives permission for the youth to drive home at midnight (which is before the 1 AM curfew for those with provisional licenses) please give permission on the form.

Pastor Jim Doepken will be leading the retreat and Amy Wright will be another Chaperone. Both have been through the background check process. Pastor Jim’s phone number is 907-230-5203. His email is pastorjim@gmail.com.

What to bring: sleeping bag, pillow, toiletries. There are air mattresses for sleeping. Youth who “overnight” will be separated by gender in different areas of the church.

You are asked to bring some snacks of some sort to share.

BECAUSE THIS IS AN OVERNIGHT, WE NEED PERMISSION SLIPS!

All youth who plan on attending, please have the parent/guardian fill out the attached permission slip. Youth will not be able to attend without one.

It can be emailed to Pastor Jim at “pastorjim@gmail.com”

**PERMISSION FORM
(Complete BOTH Pages)**

Activity: OVERNIGHT AT UMCC **Date** Friday, October 25 through Saturday, October 26.

Youth's Name: _____ Date of Birth _____

Address: _____ City: _____ State: _____

Tele.: _____ Male _____ Female _____

INSURANCE INFORMATION

Health Insurance Co. _____ Policy No.: _____

Physician or Clinic: _____ Tele.: _____

Specific medical condition/s or other necessary health information:

PARENTAL AUTHORIZATION

As the parent or guardian of _____ I give permission for my child to participate in the activity stated above. I understand that neither the United Methodist Church of Chugiak or any of its agents are responsible for any injury sustained by my child. I accept responsibility for any medical expenses as a result of any such injury sustained.

Signature Parent/Guardian: _____ Date: _____

PARENTAL AUTHORIZATION FOR LEAVING AT 12 AM SATURDAY MORNING

As the parent or guardian of _____ I give permission for my child to leave at 12 AM.

I give permission for my child to leave with: (names) _____

Signature Parent/Guardian: _____ Date: _____

MEDICAL RELEASE

As the parent or guardian of _____, I do herewith authorize the treatment by a qualified and licensed medical doctor of my child in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Signature Parent/Guardian: _____ Date: _____

Phone Numbers in Case of Emergencies:

Home: _____

Work: _____

Cell: _____

Another person to contact in case of emergency:

Name: _____ Relationship: _____ Phone: _____

Please Remember: Youth will not be able to attend unless the permission form is completed and brought to the trip leaders.