



MIDDLE & HIGH SCHOOL

# ALL-NIGHTER

FRIDAY, OCT. 8  
10:30 PM - 6:30 AM

COST IS \$30

SIGN UP BY SEPT. 22

YOUTH RALLY



For More info call  
Michelle @  
747-5816



UNLIMITED...  
Bowling,  
Lazer Tag,  
Mini Golf  
& Go Karts!



This includes one slice of pizza and soda!

Must bring this signed permission slip.

Mid-Way Baptist Church Student Ministries | 6910 Fayetteville Rd. Raleigh, NC 27603 | 919-772-5864  
Pastor Grant Staubs | grant@mid-way.com | Pastor Kenny Loch | kenny.loch@mid-way.com

Dear Parents,

Please fill out this Permission Slip and sign below for your Student to be able to participate. Thank You!

We, The undersigned parent(s) or legal guardian(s) of \_\_\_\_\_, do hereby release, forever discharge and agree to hold harmless **Mid-Way Baptist Church** and the representatives thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any whatsoever which may be incurred by my child in the course of participation in **All Nighter at Mid-Way Baptist Church, Buffaloe Lanes & Adventure Landing including travel to and from on October 8-9, 2010.** Furthermore, we agree to assume all responsibility for any of the previously mentioned occurrences.

We give authorization for the church to provide all necessary food, transportation, and lodging (if applicable). We give our permission for our child to participate in the aforementioned activity, and for any representative of the church to obtain necessary medical treatment. We assume responsibility for any medical bills incurred.

*Both parents must sign, unless only one parent has legal custody. In such case, please indicate non-custodial parent's name and whether to contact in case of emergency.*

Student's Name: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Policy Holder & Number: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

Emergency Contact other than Parent: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

Please List Any Known Allergies: \_\_\_\_\_

Physician: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Physician's Phone # \_\_\_\_\_

Medicines you are taking now: \_\_\_\_\_

Other important info about your teen: \_\_\_\_\_