

**DESTINATION:** East Rock Park, New Haven, CT

**PROGRAM:** Walk Against Hunger for the CT Food Bank

**TRIP SUPERVISORS:** The Youth Ministry Team

**DEPARTURE TIME:** Noon, May 7, 2006 **RETURN:** 4:30ish

**TRANSPORTATION:** Volunteer Drivers

**COST:** Attendees should bring their pledge forms and all donations they have collected.

Bring a bag lunch to church and put it in the fridge in the kitchen. We will eat at the church and then proceed to New Haven.

Members assume all responsibility for any property they choose to bring such as MP3 players/iPods, CD players, cell phones and pagers.

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### Permission Slip

Member Name: \_\_\_\_\_

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

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

I/We the parent(s)/guardian(s) of \_\_\_\_\_ request that Seymour Congregational Youth Fellowship allow my/our son/daughter to participate in the following activity: Walk Against Hunger for the CT Food Bank, Sunday May 7<sup>th</sup> at East Rock Park, New Haven. In the event of an injury or illness to my/our child during his/her participation in this trip, if the parents of the above mentioned person cannot be reached, I/we hereby give my/our permission to the supervising adults for the necessary medical treatment to be given to my/our child. Let it be known that my child suffers from the following allergies: \_\_\_\_\_

They require \_\_\_\_\_ (medication) for \_\_\_\_\_ (allergy/condition)

Medications will be kept with the advisors. Please provide specific administration instructions.

We/I for ourselves/myself and for our/my child, our/my respective heirs, and our/my respective legal representatives so hereby release and discharge any and all representatives from Seymour Congregational Church, U.C.C. and the above supervising and sponsoring adults from any and all claims, demands and causes of action of whatever kind and nature for their actions taken pursuant to this authority. I/We agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward the payment of expense incurred. This same release also includes all drivers in the event of a vehicular incident.

Parent(s)/Guardian(s) Signature: \_\_\_\_\_

Date: \_\_\_\_\_ { Phone # Day: \_\_\_\_\_; Phone # Evening: \_\_\_\_\_ }

Emergency Phone Contact \_\_\_\_\_ (relation to member)  
{ Phone # Day: \_\_\_\_\_; Phone # Evening: \_\_\_\_\_ }