



DEC. 19 @ 7 PM TO DEC. 20 @ 7 AM

★ SESSION ★ PIZZA ★ H2O ★ SNACKS ★  
★ BOWLING ★

★ HOT CHOCOLATE STATION ★ BONFIRE ★  
★ MOVIE & POPCORN ★ VIDEOGAMES ★  
★ DODGEBALL TOURNAMENT ★ MUSIC ★

**AWAKE ALL NIGHT!!!**

COST IS \$25 BEFORE DEC 16TH  
**NO REGISTRATIONS AT THE DOOR**

# REGISTRATION

cost is \$25 until Dec 16th  
make cheques payable to the church with whom you will be attending  
**NO REGISTRATIONS AT THE DOOR**

NAME \_\_\_\_\_  
AGE \_\_\_\_\_ SCHOOL \_\_\_\_\_  
PARENT/GUARDIAN'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_

### MEDICAL INFO:

CARECARD # \_\_\_\_\_  
ALLERGIES \_\_\_\_\_  
MEDICATIONS \_\_\_\_\_

### STATEMENT OF PARENT/GUARDIAN

I am confident that the staff at the All Nighter 2014 will do their best to give my child the support and the supervision needed and I understand that safety and health rules will be observed. Where the event involves any sports or activities I give permission for my child to participate. I hereby release the All Nighter 2014 and the affiliated churches ( facilitators or otherwise ) from all claims for damages arising from accidents or injury caused by my child's participation in the events program. I give the personnel the authority to act on my behalf in case of emergency, including medical treatment (parent/guardian will be notified as soon as possible).

Parent/ Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
Emergency Contact # \_\_\_\_\_  
(This form MUST be signed by the parent/guardian for the student to attend)

#### **PLEASE BRING:**

- WARM CLOTHES FOR THE BONFIRE
- A MODEST BATHING SUIT & TOWEL
- SPENDING MONEY FOR CONCESSION

**CONTACT YOUR LOCAL YOUTH PASTOR IF YOU HAVE ANY QUESTIONS**

# REGISTRATION

cost is \$25 until Dec 16th

make cheques payable to the church with whom you will be attending

**NO REGISTRATIONS AT THE DOOR**

NAME \_\_\_\_\_  
AGE \_\_\_\_\_ SCHOOL \_\_\_\_\_  
PARENT/GUARDIAN'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_

## MEDICAL INFO:

CARECARD # \_\_\_\_\_  
ALLERGIES \_\_\_\_\_  
MEDICATIONS \_\_\_\_\_

## STATEMENT OF PARENT/GUARDIAN

I am confident that the staff at the All Nighter 2014 will do their best to give my child the support and the supervision needed and I understand that safety and health rules will be observed. Where the event involves any sports or activities I give permission for my child to participate. I hereby release the All Nighter 2014 and the affiliated churches ( facilitators or otherwise ) from all claims for damages arising from accidents or injury caused by my child's participation in the events program. I give the personnel the authority to act on my behalf in case of emergency, including medical treatment (parent/guardian will be notified as soon as possible).

Parent/ Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_

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

(This form MUST be signed by the parent/guardian for the student to attend)

### **PLEASE BRING:**

- WARM CLOTHES FOR THE BONFIRE
- A MODEST BATHING SUIT & TOWEL
- SPENDING MONEY FOR CONCESSION

**CONTACT YOUR LOCAL YOUTH PASTOR IF YOU HAVE ANY QUESTIONS**

# REGISTRATION

cost is \$25 until Dec 16th

make cheques payable to the church with whom you will be attending

**NO REGISTRATIONS AT THE DOOR**

NAME \_\_\_\_\_  
AGE \_\_\_\_\_ SCHOOL \_\_\_\_\_  
PARENT/GUARDIAN'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_

## MEDICAL INFO:

CARECARD # \_\_\_\_\_  
ALLERGIES \_\_\_\_\_  
MEDICATIONS \_\_\_\_\_

## STATEMENT OF PARENT/GUARDIAN

I am confident that the staff at the All Nighter 2014 will do their best to give my child the support and the supervision needed and I understand that safety and health rules will be observed. Where the event involves any sports or activities I give permission for my child to participate. I hereby release the All Nighter 2014 and the affiliated churches ( facilitators or otherwise ) from all claims for damages arising from accidents or injury caused by my child's participation in the events program. I give the personnel the authority to act on my behalf in case of emergency, including medical treatment (parent/guardian will be notified as soon as possible).

Parent/ Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_

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

(This form MUST be signed by the parent/guardian for the student to attend)

### **PLEASE BRING:**

- WARM CLOTHES FOR THE BONFIRE
- A MODEST BATHING SUIT & TOWEL
- SPENDING MONEY FOR CONCESSION

**CONTACT YOUR LOCAL YOUTH PASTOR IF YOU HAVE ANY QUESTIONS**