

# Beach Trip!

Thursday, July 17

\$15.00 per person



**First Pick-Up:** Meet at the YFC Office in Stroudsburg at 8:00am.

**Second Pick-Up:** K-Mart Parking Lot in Wind Gap at 8:30am.

**Parents** – please plan on students to arrive home around 8pm.

**YFC is taking the bus to the Jersey shore for the day and you are invited! The cost is \$15.00 and includes transportation and hamburger/hotdog lunch! Drinks and snacks will also be provided. Optional money is needed if students want to stop for fast food on our way home. Be sure to bring your swimsuit, beach towel and sunscreen!**

**We are limited to taking only 40 students. In order to go on this trip, please give call the YFC office at 570-421-5000 or email Dave at [psbyfc@enter.net](mailto:psbyfc@enter.net) on or before July 15!**

For more information, check out [www.ReachingYouthForChrist.org](http://www.ReachingYouthForChrist.org)

Pocono Slate Belt

**YOUTH for CHRIST** 

## Summer Activities

### Permission Slip

Required!

Parents - Please fill out!

### July 17 Beach Trip

#### Medical and Liability Release Statement:

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the person(s) listed on this form. In the event that I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by Pocono/Slate Belt Youth for Christ and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Pocono/Slate Belt Youth for Christ, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Student Name: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

Emergency Phone Number(s)

\_\_\_\_\_