

This could be YOU*

just sayin..



BEARS

Bears have enjoyed the game of
MISSION IMPOSSIBLE for generations
and based on this logic alone you
should join in on some **MISSION IMPOSSIBLE**
excitement, fun and wonder.



MISSION IMPOSSIBLE

EVANGEL YOUTH

Friday-Saturday
October 21-22, 2011

SCHEDULE

(Subject to Change)

FRIDAY October 21, 2011

3:30pm Leave Evangel Church

7:00pm Pines Bible Camp (Grand Forks)

MISSION IMPOSSIBLE

Campfire, Snack & Hot Chocolate

12:00am Bedtime

SATURDAY October 22, 2011

8:00am Wake up

8:20am Leave Pines

8:35am Breakfast in GF

9:30am Leave GF

1:00pm Back at Evangel

Details:

\$15 For Breakfast, Camp and Fuel Cost

Bring a bag lunch for dinner and \$\$ for snacks.

Registrations Due by **October 16th**

Make cheques payable to:
Evangel Church

What to Bring Sleeping Bag & Pillow, dark clothing for the night activity

Emergency Contact:
Matt's Cell 250-859-1257

Waiver & Medical Release Form

Activity: **Mission Impossible—Oct. 21-22 (Fri-Sat)**

Chaperones: Evangel Youth Leadership Team

Name of Child/Student _____ Age _____

Address _____ Postal Code _____

Phone _____ School _____

Does your child have any severe allergies? (bee stings, food, penicillin, other drugs)

YES _____ NO _____ If yes, please explain:

Does your child have any life-threatening allergies? YES _____ NO _____

If yes, please explain:

Is your child bringing any medication with him or her? (Antibiotics, Ritalin)

YES _____ NO _____ If yes, please explain:

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? YES _____ NO _____

If yes, please explain:

Check if your child currently, or in the last three months, has had any of the following:

Appendicitis

Ear Infection

Hay Fever

Asthma

Epilepsy Hepatitis

Severe Stomach Ache

Tonsillitis

Bedwetting

Diabetes

Measles (Red)

Sinusitis

Chicken Pox

Fainting

Measles (German)

Mumps Other

Date of last Tetanus shot: _____

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, Evangel Tabernacle, its staff, and its volunteers are hereby released from any liability.

In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

In case of surgical emergency, I hereby give permissions to the physician selected by Evangel Tabernacle to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. Your child must be covered by Provincial Health Insurance or equivalent medical insurance.

Provincial Health Insurance Number _____

Name of Family Physician _____

Physician's Phone Number _____

Parent/Guardian's Signature: _____

Date: _____

Children's/ Youth Ministries, 3261 Gordon Dr., Kelowna, BC V1W 3N4 250-762-0682
Fax: (250) 862-9418 e-mail: evangel@evangelbc.org