



7th Grade Youth Group is Starting Up!

Dear Parent,

Your 7th grade student is invited to join the Brick Church 7th Grade Youth Group this year! Starting on October 4, 2008, the 7th Grade Youth Group will gather for six events throughout the year that incorporate fun, fellowship, dinner, and a service project. Friends are always invited.

COST

The total charge for the season of 6 events will be \$90 per student, or \$15 per event. Checks may be made out to The Brick Presbyterian Church and left at the front desk, care of Caitlin Sparks. You may also pay when you drop your student off at an event. If your 7th grade student brings friends who are not from Brick Church, the friends pay only \$10.

CALENDAR

Here are the dates for 7th grade events for the 2008-2009 year. All events occur from 5:00-7:00 p.m. at the Brick Church (unless off-site), with check-in and payment in the Garden Room.

7th Grade Youth Group will meet:

Saturday, October 4: Games and Baking Communion Bread

Sunday, November 2: Halloween Scare-fest!

Sunday, January 11: Building the Youth Space Decorating Party

Sunday, February 8: Ice Skating Party

Sunday, March 1: Agape Feast

Sunday, April 5: Treasure Hunt!

SIGNING UP

Please fill out the enclosed registration forms and return them to The Brick Church, care of Caitlin Sparks. You may also bring the forms with you to the first event.

We hope to see your 7th grade student there!

Questions? Contact Christy Lang at clang@brickchurch.org or 212-289-4400 x247.

7th Grade Youth Group Registration

Participant Name _____ DOB/Grade _____

Parent/Legal Guardian Name _____

Phone _____ Email _____

Business/Cell _____ Business/Cell _____

Emergency Contact Person _____ Phone _____

I, _____, hereby grant my son/daughter _____, a minor child, permission to participate in The Brick Church Youth Group. I will not hold The Brick Presbyterian Church, their staffs, Sessions, or the approved leaders or sponsors, liable for any accident or injury occurring during scheduled Youth Group events. I hereby grant permission to the adult supervisors and leaders of this group to make medical decisions with respect to said minor child in the event of an accident or injury when parental consent shall be unavailable or when circumstances shall require immediate medical decision, and to administer medication when required.

Parent/Guardian signature _____ Date _____

Guidelines for Community Life

- Honor and respect the persons and property of those with whom we will be interacting;
- Refrain from the use of tobacco, alcohol or other illegal drugs while attending this event;
- Refrain from inappropriate sexual behavior;
- Leave all radios, televisions, telephones, electronic games and devices at home;
- Follow all rules as established by the leadership team.

Believing that I am part of a faithful community of the whole people of God, I promise to be responsible in my actions, abide by the community guidelines, be open in mind and spirit to the teachings and leadings of the Holy Spirit, and live in Christ's love.

Participant's signature _____ Date _____

Chaperone Sign Up

Parents: Please indicate which 2 events you would be available to chaperone.

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> October 4 | <input type="checkbox"/> November 2 | <input type="checkbox"/> January 11 |
| <input type="checkbox"/> February 8 | <input type="checkbox"/> March 1 | <input type="checkbox"/> April 5 |

Medical Information

Does participant have any allergies? yes no

If yes, please explain:

Does participant take any medication? yes no
which they are taken:

If yes, please list medications and conditions for

Additional information about the participant's medical history:

Information regarding your medical insurance:

Name of Insurance Company _____

Policy Number _____

Phone Numbers for verification by emergency room staff _____

Address of Insurance Company _____

Expiration Date (if any) _____

Employer _____

Name of Policy Holder _____

PHOTOCOPY OF INSURANCE CARD IS REQUESTED