

ABOUT ME:

Name _____

Address _____

City _____

State _____ ZIP _____

Home #: _____

Student's Cell #: _____

Age _____ Grade _____

School _____

Church _____

Birthday _____/_____/_____

Parent's Names:

Parent's signature: _____ Date: _____

_____/____/_____

TICKET PRICE = \$25

Includes everything from 9pm - 7am

Register with a first-time-visitor and get \$5 off! Their form MUST be turned in with this

Friend's Name: _____

_____ Amount Paid In Cash

_____ Amount Paid in Check

_____ Check #

(Checks payable to CLA)

FREQUENCY YOUTH
Christian Life Assembly
2645 Lisburn Road
Camp Hill, PA 17011
717-737-6560 x 230
www.frequencyyouth.com
frequency@christian-life.com



New Year's Eve All Nighter

DATE: December 31-January 1

REGISTRATION: 9:00 PM

EVENT TIME: 9:00 PM-7:00 AM

ACTIVITIES:

This Beautiful Republic Band

Apple Tree Experience Band

Bowling

Dodgeball Tournaments

Basketball Tournaments

Game Room

Girls Spa Room

Pizza party

1000 balloon drop

Movies

Inflatables

Prizes

and
NO

SLEEP...

TEAR HERE - PLEASE RETURN RIGHT SIDE TO THE YOUTH DEPARTMENT

IMPORTANT MEDICAL INFORMATION

List all medical conditions:

Current medicines being taken:

List all restricted activities:

Allergies:

Type of reaction:

Treatment given: Date of last Tetanus Shot: / /

Is Frequency Youth Staff authorized to approve medical treatment? (circle one) **Yes / No**

Is Participant covered by personal/family medical insurance? (circle one) **Yes / No**

If yes, name of insurer:

Policy or group number:

Family Physician:

Physician Phone Number:

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to Student: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

SECONDARY EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to Student: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

PARENTAL AUTHORIZATION

I hereby give permission for my child to attend Frequency New Year's Eve All Nighter as indicated above. I

further certify that this health history is correct as far as I know and the person herein described has permission

to engage in all prescribed activities, except as noted. If your child needs medical, dental, health, or hospital

services, you as a parent must give permission. It's the law. A child may be treated without parental consent

when a physician determines the child needs immediate medical care and that an attempt to obtain parental

consent would result in a delay which would increase the risk to the child's life or health. Except in a true

emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian.

Sometimes a child may need unexpected care which is not, however a true emergency. In such cases, making

an effort to contact a parent for permission can delay treatment and create unnecessary anxious moments for

the child. You can prepare for unexpected care your children might need when you or they are away from

home. To do this, you can give permission to other adults. They then act for you by permitting your child to be

treated if unexpected care is needed. This is a legal document. With it you may appoint anyone who is 18

years of age - to be responsible for your children when you or they are away. It is especially important to

prepare this form for the occasions when you know it will be hard to contact you. After you complete this form,

give it to the adult(s) who are listed below to act on your behalf. If your child needs unexpected medical

treatment, the responsible adult(s) should present this document to the appropriate person - physician, dentist

or hospital representative.

Permission is given to Frequency Youth at CLA to use photographs (individual or group) and/or multimedia

images and recordings in the best interest of Frequency Youth Ministries at CLA. I give my permission for my

son/daughter to participate on recreation trips.

PLEASE SIGN IF PERMISSION FOR ALL OF THE ABOVE IS GRANTED.

Authorization to act on your student's behalf: Pastor Jeff Davidson, Hannah Ito & Helena Dobrnof

Date: _____