



Fri, Nov 2 @ 7 PM -
Sat, Nov 3 @ 9 AM
Cost: \$25

OPPAN
GANGNAM
STYLE!

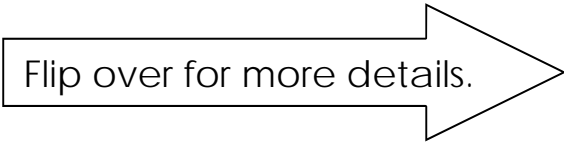


OPPAN
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STYLE!



younglife[®]
Middle School

Questions? Contact Lori Boe
Cell: (425) 343-5263
Lori@LynnwoodTerrace.YoungLife.org



Young Life is a non-denominational Christian youth organization.

The Edmonds School district does not sponsor or endorse the activity and/or information contained in this material.

Registration Form

Young Life Middle School All-Nighter Event: November 2-3, 2012

Student Name: _____ Male Female

Address _____

City/Zip _____ Grade _____

Parent/Guardian Name _____

Parent Email _____ Phone: (____) ____ - _____

T-shirt Size: _____ Payment (Mark one): Cash Check # _____

Please make checks payable to Young Life.

Need an extra form for a friend? Print one from our website:
www.brierterraceyounglife.younglife.org

Turn over & complete health form on back

All-Nighter Information

Meet at drop-off location on Friday, November 2 at 6:30 pm.

Boys - Drop off at the Boe's home (22404 53rd Pl W Mountlake Terrace)

Girls - Drop off at the Swanson's home (2483 Elm Dr Brier)

We will carpool to the first location of the all-nighter.

What Do I Need to Bring?

A **GREAT** attitude, warm clothes, hats, gloves, tennis shoes. Since you will be sleeping overnight, you will need to also bring sleepwear, a change of clothes, toiletries, a sleeping bag and a pillow.

When Does It End?

Saturday, November 3 at 9 am. Please pick-up the boys at the Boe's home and the girls at the Swanson's home.

How Do I Sign Up?

Complete this registration form (front & back) and bring it with you along with \$25 to club on Friday, October 26. Another option is to drop it off in the milkbox on the front porch of the Swanson's home.

Final deadline to sign up is Tuesday, October 30.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE YOUNG LIFE THE PERMISSION TO ACT IN MY BEHALF IN SEEKING EMERGENCY TREATMENT FOR MY CHILD, IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY BY YOUNG LIFE. I GIVE PERMISSION TO THOSE ADMINISTERING EMERGENCY TREATMENT TO DO SO, USING THOSE MEASURES DEEMED NECESSARY. I ABSOLVE YOUNG LIFE FROM LIABILITY IN ACTING ON MY BEHALF IN THIS REGARD SO LONG AS YOUNG LIFE IS NOT GROSSLY NEGLIGENT. **I hereby grant permission to Young Life the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Young Life.**

Child's Name _____

Parent Signature _____ Date _____

****IF YOUR CHILD HAS ANY ALLERGIES OR SPECIAL NEEDS, PLEASE ATTACH A NOTE EXPLAINING****

There is no deductible with Young Life coverage. Claims less than \$250 are covered by the Young Life insurance. Any claim exceeding \$250 will be coordinated with your personal insurance entirely. At that point, Young Life insurance will become secondary and supplements your coverage to a maximum of \$20,000 (\$4,000 dental).

INSURANCE NAME _____ INS. POLICY _____