

Youth Venture - Beach Days

Permission Slip

**Tuesdays: July 6th, 13th,
20th, 27th
Aug. 10th**

Lakeside YV
Jeremy Miller – 619-992-0603

Santee YV
David Matranga – 619-820-2825

El Cajon YV – Broadway
Will Jimenez – 619-793-9115

El Cajon YV – Chase
Trevor Newkirk – 619-820-9881

GENERAL INFO:

LOCATION → La Jolla Shores (North Grass Area)

COST → FREE (except for lunch → \$1.00 Burgers & \$0.50 Dogs; 1 free bottled water provided)

LEAVE → 8:30AM (From YOUR Youth Venture Teen Center)

RETURN → 3:00PM (Back to YOUR Youth Venture)

(Transportation: Foothills Christian Church vans & staff vehicles)

REQUIREMENTS:

- Must be a Youth Venture Member

- Turn in the below permission slip at least 2 days prior to attending YV beach day trip

BRING: towel sunscreen appropriate swim wear (see dress code) boards (surf/skate/skim/boogie) flip-flops
 sweatshirt change of clothes \$\$ for lunch extra spending \$\$ (optional) good attitude (not optional)

DRESS CODE: non-revealing swimwear (Girls: 1-piece suit OR 2-piece suit w/shirt worn over; Guys: trunks that fit at the waist)

EAR OFF HERE →

KEEP THE TOP PORTION FOR YOUR INFORMATION

PERMISSION SLIP / MEDICAL AND LIABILITY RELEASE FORM

Name of Minor: _____ Age: _____ Gender: Male Female

Activity: Youth Venture Beach Day Trips Dates: July 6th, 13th, 20th, 27th, Aug. 10th.

The undersigned does hereby grant permission the above named minor child to participate in the above noted activity with Youth Venture per information on the attached flyer.

The undersigned does hereby release Youth Venture & Foothills Christian Church staff and volunteers from any liability in regards to the sustaining of physical and/or mental injury by the above named minor child while participating in the noted activity, including travel leaving from & returning to Youth Venture Teen Center.

The undersigned does hereby grant permission for Youth Venture staff and volunteers to seek and obtain medical care for our minor in the event of injury and/or illness while the minor is under their supervision.

The undersigned do hereby release any licensed physician and/or Medical Provider from any liability in the proper treatment of the above named minor child. Furthermore, the undersigned authorize the treatment of the above named minor child and agree to pay all reasonable medical costs.

The undersigned have read the above fully and accept the terms therein.

Parent's Name & Signature → PRINT: _____ SIGN: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Medical Insurance Information: _____

Doctor: _____ Phone: _____ Does your child have permission to receive Tylenol? Yes No

Does your child have any medical conditions that we need to be aware of? Yes No IF so explain: _____

Emergency Contact Person & Phone Numbers: _____

Location of Youth Venture Membership: El Cajon (Broadway); El Cajon (South); Santee; Lakeside

Please Mark the Dates You Plan on Attending: June 17; July 1; July 8; July 15; July 29