

YFC - The Challenge

Outdoor Event

Monday, March 22, 2021

Time: 10 a.m. - 1:00p.m. Check in opens at 9:30 a.m. activities start at 10:00

Location: OASIS CHURCH

16401 Southern Blvd, Loxahatchee, FL 33470

Style of Activities:

Teams rotating through socially distanced outdoor games & obstacles

Cost: \$5.00

Includes:

Individual Lunch, Drinks, Water, and Snacks for each participant

Ways we are helping to make it Safer:

- ⇒ We are keeping teams as separated as possible with outdoor games and socially distanced activities
- ⇒ We will scan students temperature upon arrival at check-in
- ⇒ All students and leaders are required to wear facial coverings
- ⇒ Drinking and eating is permitted only when stationary and 6ft apart from others
- ⇒ Hand sanitizer will be available at all stations.



Student Registration and Release Form: Please complete BOTH SIDES and return this form.

As parent/legal guardian of _____, I have reviewed the information about this event and give my permission for the above named to be involved with the Youth for Christ event. I/We understand reasonable safety precautions will be taken at all times by Youth for Christ and its agents during the event. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Youth for Christ, its leaders, employees, or volunteer staff liable for damages, losses, diseases, or injuries incurred by the above named. Further, in case of emergency, I understand that every effort will be made to contact parents or guardians of my student. However, if parents or guardians cannot be reached, I hereby give Youth for Christ permission to act on my behalf in seeking medical treatment in the event that such treatment is deemed necessary or advisable for the student's health, safety, and welfare. I give permission to those administering medical treatment to do so, using the measure deemed necessary. I release Youth for Christ and all medical providers from liability in acting on my behalf in this regard and rendering such medical treatment, I assume the risk and financial responsibility for any injury resulting from my student's participation. I hereby give permission to use photo or video footage taken of the above mentioned for Youth for Christ promotion of future events.

Parent/Guardian Signature: _____

(Please sign AND print)

Student Name _____ School _____ Male Female

Address _____ City _____ Zip _____ Email _____

Alternate Emergency Contact: Name: _____ Phone: _____

Relationship: _____

Food/Medicine Allergies: _____

Medical Ins. Provider: _____ Policy #: _____