

WHAT: Relentless Girls Day Out

Day will include Clay Your Way, shopping/thrifting, lunch out, and more, if time allows. Malloreigh Barron will be chaperoning the trip.

WHEN: Saturday, March 29 (9:30 AM – 4 PM)

WHO: Relentless Youth Girls

WHERE: Clay Your Way, 4600 17th Ave S. Suite J, Fargo, ND 58103

COST: Projects will range from \$25 + depending on what the participant selects; Money for food and other spending.

REGISTRATION DEADLINE: March 26, 2025



HOW TO REGISTER

- Complete the attached Medical Release form and return to the church



Questions? Contact Malloreigh or the church office at 701.642.9445.

Top sheet is for informative purposes and is yours to keep.



STATEMENT OF HEALTH

Must be completed with authorization-release statement signed (on back of form).

Student's Name _____
Phone _____ Email _____
Address _____
Grade _____ Gender _____ Age _____ Birth Date _____
Parent/Guardian Name _____
Parent/Guardian Address _____
Home Phone _____ Business Phone _____
Cell Phone(s) _____
Second Parent or Emergency Contact _____
Phone(s) _____
Insurance Company _____ Policy # _____
Insurance Company Address _____
Insurance Company Phone _____
Name of Policy Holder _____ Birth Date of Policy Holder _____

HEALTH HISTORY - Please check all that apply:

[] Lung Trouble/Asthma [] Cardiac or Kidney Problems [] Diabetic
[] Seizures: _____
[] Allergies: _____

Restricted Activities: _____

Current Medications (send instructions): _____

Date of Tetanus Booster: _____ Penicillin or Drug Reaction: _____

Carrier of Infectious or Contagious Disease? (If Yes Explain) _____

Are the applicant's immunization records up to date? [] YES [] NO (Do not send records)

Other health information we should know _____

*Information will be kept confidential and be used only in an emergency.

PARENTAL AUTHORIZATION AND CONSENT-LIABILITY RELEASE STATEMENT

Medical Information: Please check one option

___ Medical information is on file and is current.

___ Medical information needs to be updated. *

*Updated Statement of Health form must be attached for child to attend event.

IN CASE OF EMERGENCY, and when I am unable to be contacted, I hereby give permission to the local physician to hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for my child.

Activity Information: I understand that by signing this form I am giving permission for the listed student to participate in all activities. Every activity is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in activities. They also agree to not hold Harvest Outreach Assemblies of God, its' employees or volunteer assistants, liable for damage, losses and injuries to the person or property undersigned.

Event Information:

Name of Event

Relentless Girls Day Out

Location

Fargo, ND/Clay Your Way

Dates and Times

9:30 AM – 4 PM Saturday, March 29

Transportation

Van Private Vehicle None

Cost

\$25.00 + for Clay Your Way plus: Money for food and spending money

Other:

Pictures and Videos: We authorize Harvest Outreach Church to use our child or youth's likeness in photographs or video in any and all of its publications and other media. We will make no monetary or other claim against the church for the use of such photos or videos.

Disciplinary Action: I understand that if my child or youth does not conduct his/herself in a Christ-like manner while attending events of Harvest Outreach Church, my child will receive disciplinary action. If that action includes being dismissed from the event, I will be responsible for transporting my child or youth home.

Parent or Guardian's Signature _____ **Date** _____

I, (student's name) _____ agree to conduct myself in a Christ-like manner while attending the events of Harvest Outreach Church. I will attend all required meetings and cheerfully submit to those in authority over me. I will also obey any rule which may be implemented for a specific event. I realize that failure to adhere to these guidelines will mean disciplinary action and possible dismissal from the event and return home at my parent's expense.

Student Signature _____ **Date** _____

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| PLEASE COMPLETE BOTH SIDES |