



What: Archery Tag at Battle Archery!

When: Friday January 12, 2018

Who: Anyone grades 6 – 12 (Bring your friends!)

Drop Off: Chartwell Baptist Church-Clarkson Village, 5:30pm. At 5:45pm the bus will leave for Battle Archery. For pickup, we will be arriving back at Chartwell Baptist Church between 9:00-9:15pm.

Cost: \$30 – includes the Bus and Archery Tag. (Cash or Cheques can be made out to Chartwell Baptist Church- Clarkson Village)

What to Bring: Running shoes, water, snacks, clothes you can run around in

Contact Info: Ryan McKerlie – 647.802.0171

Return forms and money by January 8th to Ryan McKerlie. There are limited spots so they will be given out on a first come, first serve basis. So get those forms in!

Please cut off this portion and return to Ryan McKerlie by January 8th. You may drop it off at the church office, at church on Sunday mornings or Youth Nights, or scan & email it to ryan@chartwellmississauga.com

Spin and Junction Permission and Release Form – Battle Archery – Friday January 12th, 2018

Student Name: _____

Emerg. Contact Name: _____

Address: _____

Relationship to Student: _____

City: _____ Postal Code: _____

Emerg. Contact #: _____

Phone #: _____

Parent Email Address: _____

I give permission for my above-named youth to join the Student Ministry Group of Chartwell Baptist Church on **Friday January 12th, 2018** for Archery Tag at Battle Archery.

I understand that I am responsible for the timely drop-off and pick-up of my child and they must have permission form to attend. They also must have completed the online waiver from Battle Archery found at <https://www.smartwaiver.com/w/56c91801d63d5/web/> (or on the Battle Archery website)

I understand that activities on this event will include riding on a bus, running, shooting people with foam tipped arrows, and that my child will be put in a group with a leader they need to stay with throughout the event.

I hereby release Chartwell Baptist Church, its staff and sponsors from responsibility and liability for any injury or illness that my child may sustain during the activities on the event.

In the event of an emergency, I hereby authorize an adult leader of this trip, as an agent of me, to consent to any x-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the Province of Ontario, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

I understand that Chartwell Baptist Church is not responsible in any way for any clothing or other personal effects that are lost or stolen during this event.

Participant's Signature: _____

Signature of Parent or Legal Guardian: _____

Date: _____

Medical Information:

Health Card #: _____

Medications Being Taken: _____

Dietary Restrictions / Allergies: _____