

Oct 21-23, 2011

WyldLife Fall Weekend

SIGN UP

Who: 400 Kids from the Northeast

Where: Young Life's Lake Champion,
— Near Port Jervis, NY

We will meet at Central Middle School parking lot @ 5PM

Cost: \$175 includes:

- Transportation by Coach bus
- Food and lodging
- All activities

Checks should be made payable to Young Life. Please turn in your registration and payment as soon as possible to hold your spot.

What To Bring:

- Extra pair of clothes and shoes for field games
- Towel/toiletries (bedding provided)
- Sweatshirt/rain gear
- Warm clothes
- Snacks
- Money for snacks/gift shop
- Swimsuit for hot tub!

What We Will Do:

- Ride the BRAND NEW "Screamer Swing!!"
- Play Frisbee Golf, FOOTBALL, Field Games, Zip Line
- Enjoy CLASSIC WyldLife Entertainment
- Hang out with GREAT friends in a fully loaded Game Room
- See HUGE 400 kid WL clubs
- Relax in "THE" Hot Tub
- Eat Delicious Food

A Word To Parents...

Like all parents, you have high expectations for your children. You want them to be successful in life and prepared for the challenges they will face in the future. You want them to become men and women with ideals and definite goals in life.

Through personal relationships, we seek to assist individuals making their way in a confusing world. We are available to serve kids' needs and communicate the Christian faith in terms that they can understand. Our aim is to provide resources and an atmosphere in which kids can make intelligent decisions for themselves.

If you would like to talk to a member of our staff, a Young Life leader, or committee representative in Greenwich, we will gladly answer your questions. Responsible, mature leaders will be involved with your kids in a well-planned program for the entire weekend.

If you have any additional questions, please feel free to contact any of the staff or committee listed below.

For More Information:

www.greenwich.younglife.org
Young Life of Greenwich
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Greenwich, CT 06830
(203) 340-2123

Mike Basile
Area Director
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Kevin Chao
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Regg and Sarah Jones
Committee Co-Chairpersons
Phone: (203) 979-0410
Dave and Beth Crimmins
Phone: (203) 561-6817
Buzz Moore
Phone: (203) 912-9931
Lynn Schiro
Phone: (203) 249-3877
Maryjane Kennedy
Phone: (203) 984-2526
Sherri Donovan
Phone: (203) 524-6692

IMPORTANT! Due to the popularity of this weekend, all spots will be sold on first come, first served basis. Sign up by **Oct. 14!**

WyldLife Weekend 2011 Consent and Medical Form

In the event that your child becomes ill or is injured during the following WyldLife activity, Fall Weekend 2011, we request that WyldLife be given permission to take your child to the nearest medical facility or healthcare provider and have the necessary treatment administered. Your signature below will acknowledge your acceptance and understanding of WyldLife's role in the medical care of your child.

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. Also, 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.

(Please print)

Last Name of Child _____ First Name _____ Signature of Parent or Guardian _____

Parent Name(s) _____ Home Phone _____ Parent Cell _____ Student Cell _____

Parent Guardian 1 Email _____ Parent Guardian 2 Email _____

Student Email _____ Grade _____ Date of Birth ____/____/____ School _____

Address _____ City _____ State _____ Zip _____ Shirt Size _____

If parents are not available, please call relative listed below:

Name _____ Relation _____ Phone Number _____

Additional comments regarding medical history, allergies, penicillin or drug reaction, etc., which may be needed in any treatment: _____

All injury claims that are less than \$250 are covered by Young Life. Any claim exceeding \$250 will be coordinated with your personal insurance entirely. At that point, Young Life will become the secondary carrier and will supplement your coverage. The maximum amount of coverage available from Young Life is \$4,000.

Parent or Guardian's Insurance Company _____ Policy Number _____

☐ Paid : \$175 Make checks payable to **Young Life.** ALL PAYMENTS ARE NON-REFUNDABLE!