

# summer 2014 CALENDAR

- Kennywood-July 17th - \$55**  
 Bus departs NWCC 9:00am  
 Bus returns NWCC 6:00pm  
 Bus transportation and lunch provided
- Three Rivers Paintball-Aug12th-\$40**  
 282 Rochester Rd, Freedom, PA 15042  
 No bus, meet at the range.1:00pm-5:30pm  
 Snack bar available at your expense.  
 Extra Waiver required - see website
- Moraine State Park-August 21st - \$10**  
 Bus departs NWCC 10:00am  
 Bus returns NWCC 4:00pm  
 Bus transportation and lunch provided

### Register at [my.northway/Event Calendar](http://my.northway/Event Calendar)

Please be sure you are on time and dressed appropriately. We will be leaving promptly from the Wexford Campus parking lot and returning to the same area at the time of drop off.

## NORTH WAY STUDENT MINISTRY PERMISSION FORM

Please print legibly

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Parent \_\_\_\_\_

Insurance \_\_\_\_\_ Member/Group# \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

The above child/ward has permission to participate in the above-referenced activities of the Student Ministries group of North Way Christian Community. In the event that my/our child/ward is injured or becomes ill while participating in any of the above referenced activities and requires medical attention, I hereby consent to and will be fully responsible for any medical treatment as deemed necessary by a licensed medical professional. I/We further agree to hold the medical professional and/or facility and/or North Way Christian Community and its representatives free and harmless of any and all claims, demands, or suits for damages arising from the authorization and provision of such treatment. I understand the nature of this event and do hereby release North Way Christian Community and its representatives from any and all liability due to accident or injury incurred by or to my child. I/We also have given permission to North Way Christian Community and the designated team leaders of these events to transport my/our son/daughter from Wexford, Pennsylvania to and from the events referenced above, during the dates indicated.

\_\_\_\_\_  
 (signature of parent/guardian)

\_\_\_\_\_  
 (signature of parent/guardian)

Parent Phone #: \_\_\_\_\_

Emergency Contact other than Parent \_\_\_\_\_ Phone# \_\_\_\_\_

