



# Niagara Youth Conference 2018

**Event:** *Niagara Youth Conference located at The Conference and Event Center  
Niagara Falls*

**Thursday, December 27th**

Meet at the Church at 10:00am  
Bring a lunch & money for dinner (\$10-\$15)  
Pick up at the Church 9:30pm

**Friday, December 28th**

Meet at the Church at 8:30am  
Bring a lunch & money for dinner (\$10-\$15)  
Pick up at the Church at 9:30pm

**Cost:** This is a FREE event for the youth. Additional money may be needed if souvenirs would like to be purchased at the event.

For details and a full schedule of the conference, visit [niagaraconference.org](http://niagaraconference.org)

**\*\*\*You need to register online at [niagaraconference.org](http://niagaraconference.org)\*\*\***

***Please check which days you plan to attend.***

\_\_\_\_\_ **Thursday, December 27<sup>th</sup>**

\_\_\_\_\_ **Friday, December 28<sup>th</sup>**

**This form can be completed for more than one child.**

**Name of Student(s):** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Number:** \_\_\_\_\_

My child, \_\_\_\_\_ has permission to attend the field trip at the location listed above with the Lancaster Presbyterian Church. I understand that my child will be transported in either the church vehicle or a volunteers' vehicle.

I understand that in any activity there are inherent risks and do not hold Lancaster Presbyterian Church or its volunteers liable.

In case of emergency, I am listing my medical insurance information and authorize permission to treat.

**Insurance:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Please specify any allergies, needs, or special concerns (per child)**

*Additional room on back if needed*

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, hereby GRANT DO NOT GRANT (please circle one) permission for my child, \_\_\_\_\_, to be photographed in public settings during the conference and the photographs be used by Lancaster Presbyterian Church in digital or print forms for both informational and promotional purposes.

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**A completed permission slip is due to Pete Gawron by Sunday, December 9<sup>th</sup>.**

Please call Pete Gawron at (716)220-5443 with any questions or email at [petegawron@gmail.com](mailto:petegawron@gmail.com).

**Please specify any allergies, needs, or special concerns (per child)**

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