



MS+HS



SPRING RETREAT



FRI. APRIL 26 7:00PM

SAT. APRIL 27 4:30PM

Cost \$40/person

Includes Friday Night Snack, Saturday Breakfast & Lunch

Drop off & Pick up at Camp Y Noah

Main Entrance: 815 Mt. Pleasant Rd. Clinton OH 44216

Fellowship - Prayer - Food - Games - Movie Making

SCHEDULE AT A GLANCE

FRIDAY

7 PM Arrive at Camp Y-Noah
Worship & Small Groups
Bonfire

SATURDAY

8 AM Breakfast
Fellowship
12 PM Lunch
Lesson & Small Groups,
Games & Fun
Closing Prayer
4:30 PM Pick Up at Camp Y-Noah

FORMS & \$40 DEADLINE
by Sunday April 14th

Questions: Contact Lucas Shroades | lshroades@firstfriends.org

PACKING LIST

- Bible
- Flashlight
- Clothes to get wet/dirty
- Jacket/Hoodie
- Sleeping Bag/Pillow (Sheet & Blanket)
- A Snack to share (see list below)
- Toothbrush/paste, soap and wash cloth

PLEASE BRING SNACK TO SHARE

HS Girls - Fruit/Veggies	HS Boys - Chips
MS Girls - Desserts	MS Boys - Drinks

first
friends
CHURCH





YMCA CAMP Y-NOAH

CAMP AND OUTDOOR PROGRAM WAIVER

I understand my child may be involved in activities at camp that include but are not limited to horseback riding, challenge course, boating, and outdoor activities. I acknowledge that my child may decline to participate in any activity. Any participation will be voluntary. In consideration of services or property provided, I, for myself and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns do hereby release: Akron Area YMCA, YMCA Camp Y-Noah, its directors, officers, agents, employees and volunteers, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence). Further I give my consent for YMCA Camp Y-Noah to provide transportation to and from Day Camp pickup/drop off sites and off camp activities. I authorize the YMCA to take and use any photographs, comments, and videos of my child for promotional purposes.

Signature

Date

Parent/Guardian Name

Child Name



GREENHOUSE

FIRST FRIENDS CHURCH

GREENHOUSE 242

PERMISSION FORM

EVENT NAME: _____

STUDENT NAME: _____

PARENT NAME: _____

PARENT SIGNATURE: _____

PARENT PHONE: _____

DATE: _____

Your signature gives your student permission to participate in this event and be transported to events in vehicles if needed.

MEDICINE ADMINISTRATION FORM

Student's Name: _____

FIRST FRIENDS CHURCH YOUTH MINISTRY

Complete only if your student will need to have medicine administered at this event.

Medicine includes prescription & over the counter "as needed" - ie headaches/seasonal allergies, etc

SECTION 1: PRESCRIPTION MEDICATION TO ADMINISTER

Note: By law, these must be provided in the original container - just the quantity needed for the event.

MARK QUANTITY & WHEN TO BE ADMINISTER MEDICINE

MEDICATION NAME	BREAKFAST	LUNCH	DINNER	BEDTIME	OTHER TIME
EX. ANTIBIOTIC NAME	1 PILL		1 PILL		

SECTION 2: OVER THE COUNTER MEDICATION TO ADMINISTER

Note: By law, these must be provided in the original container - just the quantity needed for the event.

MARK QUANTITY & WHEN TO BE ADMINISTER MEDICINE

MEDICATION NAME	AS NEEDED
EX. TYLENOL	1 PILL EVERY 8 HOURS

ADMINISTRATION RECORD		TO BE COMPLETED BY AFO EVENT HEALTH CARE PROVIDER				
	DATE/TIME/INITIAL	DATE/TIME/INITIAL	DATE/TIME/INITIAL	DATE/TIME/INITIAL	DATE/TIME/INITIAL	DATE/TIME/INITIAL
BREAKFAST						
LUNCH						
DINNER						
BEDTIME						
AS NEEDED						

Parent/Guardian Signature: _____ Date: _____

Cell Phone if Questions/Concerns: _____

Event Name: _____

Date(s): _____

6-12 Grade Youth Ministry 2023-24 Medical Form - Valid until August 2024

Name of Student: _____ Grade: 6 7 8 9 10 11 12

Mailing Address: _____

City/State: _____ Zip: _____ Student Cell # _____

Student Email: _____

Church: _____ School: _____

Father: _____ Mother: _____

Cell # _____ Cell # _____

Email: _____ Email: _____

If parents are divorced, who has primary custody? Mother _____ Father _____ Guardian _____

Guardian's Name: _____ Cell # _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ Cell # _____ Relationship: _____

List Allergies or Medical Conditions or Medicine Taken Regularly _____

Medicine administered at an event must be given by an adult from the original container, including over the counter medicine..

Dietary Restrictions: _____ Gluten _____ Dairy _____ Peanut _____ Nuts Other: _____

Insurance Company: _____ Policy # _____

Hospital: _____ Doctor: _____ Phone: _____

In the following statements, First Friends refers to all adult leaders with the youth program as both paid staff and volunteers. I give permission for my student, named above: (Initial each line)

- _____ to attend and participate in First Friend Church youth ministry activities.
- _____ for my student to receive communications to their cell/email about MS/HS events/reminders.
- _____ for First Friends to photograph/video my child and use it in promotional materials including social media.
- _____ for First Friends to transport my student during these activities.
- _____ for First Friends to make necessary decisions in any medical emergency involving my student.
- _____ I will not hold First Friends Church staff, or GreenHouse242 or WareHouse514 volunteers responsible for payment of emergency medical treatment involving my student or liable for harm to my child during participation.
- _____ I agree that my student will respect the guidelines given by First Friends related to expected behavior at activities. Any behavioral problems that arise are subject to appropriate disciplinary action.

Parent or Guardian Signature: _____ Date: _____