

SHINE! **5TH + 6TH GRADE**
LASERTRON PARTY

FEBRUARY 26
5:30PM - 8:30PM

\$30 PER PERSON
REGISTRATION DUE FEB 12
(SOME EXCEPTIONS CAN BE MADE)

LASERTAG & CYBERSPORT
20 ARCADE TOKENS
PIZZA - HOT DOG - POP
INVITE YOUR FRIENDS!!!



SHINE! Middle School Ministry of The Chapel
kcampbell@thechapel.com · (716) 631-2636 x262
WWW.MIDDLESCHOOLSHINE.COM

SHINE! **7TH + 8TH GRADE**
LASERTRON LOCK-IN

FEBRUARY 19-20
SUNDAY NIGHT - MONDAY MORNING
MIDNIGHT - 6:00AM

\$35 PER PERSON
REGISTRATION DUE FEB 5
(SOME EXCEPTIONS CAN BE MADE)

6 HOURS OF UNLIMITED
LASERTAG & CYBERSPORT
30 ARCADE TOKENS
PIZZA - NACHOS - POP



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Parent/Guardian of a Minor Consent and Hold Harmless Form

(This form should be completed for each increased risk and offsite event and a copy should be taken on each trip.)

Name of Activity: _____

Date: _____

Child's Name: _____ Gender: M or F

Age: _____ Date of Birth: ____ / ____ / _____

Complete Address: _____

Phone Number:(____) _____

I, _____, (printed name of parent/guardian)
being the parent or legal guardian of _____,
(printed name of minor) have been informed of the above activity sponsored by
The Chapel at CrossPoint, and hereby give my consent for my minor child to
participate in this activity.

I understand that all reasonable safety precautions will be taken by the leaders
of this activity, and that the possibility of an unforeseen hazard does exist. I
further agree not to hold The Chapel at CrossPoint, its leaders, employees, and
volunteer staff liable for damages, losses, diseases, or injuries incurred by the
minor listed on this form.

I also understand that my minor child is to be excluded from the following
activities:

Signature of Parent/Guardian

Date Signed

Parent Consent to Treat a Minor Form

(This form should be completed annually and a copy should be taken on each trip.)

I, _____, (printed name of parent/guardian)
being the parent or legal guardian of _____,
(printed name of minor) do consent to any x-ray, anesthetic, medical, surgical,
or dental diagnosis or treatment that may be deemed necessary for my minor
child. Further, I understand that all efforts will be made to contact me prior to
treatment. In the event I cannot be reached in an emergency, I give permission
to the activity leader to make the decisions necessary for treatment. Should
there be no activity leader available, I give permission to the attending
physician to treat my minor child. I further understand that the doctors,
dentists, and other providers attending my child will take all reasonable safety
precautions during their care.

Further, as parent or legal guardian I am responsible for the health care
decisions for my minor child and agree that my insurance plan is the primary
plan to pay for the dental, medical, or hospital care or treatment that is given
to my child. Any policy of the church or organization sponsoring this event will
be used as the secondary coverage.

Minor's date of birth: _____

Insurance Provider: _____

ID Number: _____

Signature of Parent/Guardian

Date Signed