First Baptist Church of Flagler Beach

Flagler Beach, Florida

Dear Parents of the Youth,

On Friday, Nov. 25th, the youth entering 6th grade and up will be going to Hanger 15 in Daytona Beach. They need to meet at the church at 5 p.m. on Nov. 25th and be picked up after church at 10 p.m. Deborah Treur will be driving a 15 passenger van, along with Kevin Treur or Jame Oehmke driving our white van. James and Melody Oehmke, Kevin Treur and I are the current chaperones. I can be reached on my cell phone at 386-341-9085. Please sign the waiver form for Hanger 15and bring 23.00 for two hour jumping. If your child brings personal money, they will be responsible for it. Please print out the next page and bring it with you on Friday. If you forget, I will have extra copies for you on Friday.

Debbie Treur

Youth Director

First Baptist Church of Flagler Beach

Flagler Beach, Florida

Student(s)/age \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent name printed) give my child(ren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to go to Hanger 15 in Daytona Beach, Florida with First Baptist Church of Flagler Beach on Nov. 25th . I understand that Debbie Treur, Kevin Treur, Melody and James Oehmke will be the chaperones and Deb Treur will be transporting my child(ren) to and fro from Hanger 15. In event that my child(ren) would need emergency medical treatment, I give permission for the adults in charge of the group to secure the necessary treatment to protect the life and health of my child. I understand that I will be contacted before any medical treatment is begun, except where a delay in treatment would not be in the best interest of my child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent signature) \_\_\_\_\_\_\_\_\_\_ (date)

Special medical information, if any, that should be noted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_