First Baptist Church of Flagler Beach

Flagler Beach, Florida

Dear Parents of the Youth,

On Friday - Sunday, Sept. 7- 9 , the youth entering 6th grade and up will be going to Rock the Universe. They need to meet at the church at 4 p.m. on Sept. 7th and be picked up after church at 2 p.m. on Sept. 9th . Deborah Treur and Kevin Treur will be driving a 15 passenger van. The van has seatbelts for everyone. James Oehmke will be driving our 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. All expenses are paid, except for three meals (Friday Night’s dinner and Saturday & Sunday lunch). 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 Rock the Universe in Orlando, Florida with First Baptist Church of Flagler Beach on Sept. 7th- 9th . 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 from from Rock the Universe. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_