

Fri, Nov 22 @ 6:15 PM

Sat, Nov 23 @ 8 AM

**COST: \$35**



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dingerding!



**younglife**<sup>®</sup>  
Middle School

**Questions? Contact Lori Boe**

Cell: 425-343-5263

LBoe33@gmail.com

Flip over for more details.

Young Life is a non-denominational Christian youth organization.

The Edmonds School District does not sponsor or endorse the activity and/or information contained in this material.

## Registration Form

### Young Life Middle School All-Nighter Event: Nov 22-Nov 23, 2013

Student Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_ T-shirt Size:  S  M  L  XL

Home #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Parent/Guardian Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Payment (Mark One):  Cash  Check # \_\_\_\_\_

Please make checks payable to Young Life.

Need an extra form for a friend? Print one from our website:

<http://www.lynnwoodterrace.younglife.org>

**Turn over & complete health form on back - please do NOT forget to fill it out!**

# All-Nighter Information

Meet to carpool at BTMS 22200 Brier Rd Brier WA 98036 on Friday, November 22, 6:15 pm. Collectively, we will leave to go to the first event location at 6:30pm.

## ***What Do I Need to Bring With Me To The Actual Event?***

A **GREAT** attitude, warm clothes, swimsuit, towel, tennis shoes. Since you will be sleeping overnight, you will need to also bring sleepwear, a change of clothes, toiletries, a sleeping bag and a pillow.

## ***When Does It End?***

Please pick up at 8am at the following locations:

Girls – Beckman’s Home 13825 Ash Way Lynnwood, WA 98087

Boys – Swanson’s Home 2483 Elm Dr Brier, WA 98036

## ***How Do I Sign Up?***

Complete this registration form (front & back) and bring it with you along with \$35 to club. Another option is to drop it off in the milkbox on the front porch of the Swanson’s home. To ensure you will get a t-shirt, make sure to sign-up by no later than Sunday, November 10.

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IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE YOUNG LIFE THE PERMISSION TO ACT IN MY BEHALF IN SEEKING EMERGENCY TREATMENT FOR MY CHILD, IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY BY YOUNG LIFE. I GIVE PERMISSION TO THOSE ADMINISTERING EMERGENCY TREATMENT TO DO SO USING THOSE MEASURES DEEMED NECESSARY. I ABSOLVE YOUNG LIFE FROM LIABILITY IN ACTING ON MY BEHALF IN THIS REGARD SO LONG AS YOUNG LIFE IS NOT GROSSLY NEGLIGENT. I hereby grant permission to Young Life the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting activities of Young Life.

Child’s Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\* IF YOUR CHILD HAS ANY ALLERGIES OR SPECIAL NEEDS, PLEASE ATTACH A NOTE EXPLAINING \*\***

There is no deductible with Young Life coverage. Claims less than \$250 are covered by the Young Life insurance. Any claim exceeding \$250 will be coordinated with your personal insurance entity. At that point, Young Life insurance will become secondary and supplements your coverage to a maximum of \$20,000 (\$4,000 dental).

Insurance Name: \_\_\_\_\_

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