

# Event Form Leaf Raking

On May 10<sup>th</sup> from 9am-3pm we will be Leaf Raking at Fishermans Cove to raise money for the youth ministry and also to help with costs for our upcoming trip to Overflow on May 30-31<sup>st</sup>. **We will provide transportation from the Brandsma house at 8:15am (272 4<sup>th</sup> ave in Hanover) and arrive back around 3:45pm.** This form must be handed in to attend. Please let Pastor Keanna or Noah Hudson know if you will be attending. Lunch will be provided. Please dress for hard work and keep the weather in mind! Bring a Water bottle.

**4HIS**  
MINISTRY

**Pathway**  
CHURCH

DATE OF REGISTRATION

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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## STUDENT INFORMATION

Full Name :

## GUARDIAN INFORMATION

Name(s):

Street Address:

Email:

Phone #:

Cell #:

## EMERGENCY CONTACT

Emergency Contact (Name, Phone # and Relationship to student)

## PHOTO PERMISSIONS

Occasionally our volunteers may take a picture of the students in class and or participating in an event. Volunteers are not permitted to post them but they may be used in promotional purposes for the church (ex. Website, Social Media, Posters etc.) Please indicate below what permission is given for this child.

☐

Yes, my student may be photographed and published.

☐

No, my student cannot be photographed and/ or published.

By signing this document I support the involvement of my student in the church sponsored/organized event.

Parents'/Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

MEDICAL CONSENT ON REVERSE SIDE

## MEDICAL CONSENT

I/we, the Parents or guardians named below, authorize [Noah Hudson] or one of the Pathway Church Youth Ministry Personnel to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above, should the guardian not be able to be reached.

I/we, named below, undertake and agree to indemnify and hold harmless Ministry Personnel, Pathway Church, and its leaders from and against any loss, damage or injury suffered by the participant as a result of being part of Leaf Raking on May 10<sup>th</sup> 2025, as well as of any medical treatment authorized by the supervising individuals representing Pathway Church. This consent and authorization is effective only for the event listed above.

Parents'/Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

By signing this document I agree that I have read, understood and agree with above and sign it to cover this particular event.

This form must be handed in to attend this event. The transportation information on the second page must also be completed.

# Transportation Form Leaf Raking



This waiver covers only the Leaf Raking fundraiser taking place on May 10<sup>th</sup> 2025. Transportation will be provided to and from the event.

DATE OF REGISTRATION

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## GENERAL INFORMATION

### Driving Rules:

All Volunteers must be over the age of 21 to drive a minor, have 5 years driving experience, have a valid and Full G license, have completed a driving application form with Pathway Church

Abide by all traffic rules.

All occupants of the vehicle must wear a seatbelt at all times.

Volunteers can never be left alone in a vehicle with a student. This means they must be dropping off multiple students to the same location at the same time or be accompanied by another adult.

Students will not be allowed to drive other students during a youth sponsored event. Pathway Church is not responsible for arrangements made to and from an event between students and or parents.

## STUDENT INFORMATION

Name:

Street Address:

Phone #:

## EMERGENCY CONTACT

Emergency Contact (Name, Phone # and Relationship to student)

By signing this I agree as the parent/guardian to the student listed above to allow my student to be transported by an approved volunteer from Pathway Church to, from or during events sponsored/organized by the church.

Parents'/Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_