



# ARKANSAS YOUTH CONFERENCE

Little Rock, Arkansas

Permission slips and \$30 due March 6.

I, parent of \_\_\_\_\_,

give my permission for my student to attend the Arkansas Youth Conference with Mountain View Christian Church leaders and sponsors. I understand the following (please check all):

- My student is attending a conference in **Little Rock, Arkansas on April 5-6, 2024.**
- My student will need to be dismissed from school at 1 pm on Friday, April 5.
- My student will need the following items: Bible, spending \$, change of clothes, pjs, toothbrush, toothpaste, swim suit and other necessary toiletries.
- My student will be picked up on Saturday, April 6 around 10 p.m. at MVCC. My student will contact me when they are about an hour way.
- We understand the trip cost \$75 to cover the cost of the conference and help with the cost of lodging. A non-refundable deposit of \$30 must be turned in with this registration form by **March 6, 2024.** The rest is due before March 24.  
*Please contact Lindsay by March 1 if your students is in need of a scholarship.  
We want every student to attend, so please do not let money be an issue.*
- Students will be staying at the Little Rock Marriot (501-906-4000) and attending the conference at the Statehouse Convention Center.
- My student may also participate in all other activities that may occur on this trip.
- Student understands that they must be at the church by 12:45 pm or they will be picked up from the middle school at 1 pm. **THEY MUST HAVE A PERMISSION SLIP TURNED IN TO THE SCHOOL TO BE PICKED UP.**
- My student understands that he/she is representing him/herself, parents, our church and Jesus while on the trip. If behavior becomes an issue, the student will have consequences.

**(Please see page 2 to complete this form.)**

**Student Information**

Full Name (First, Last): \_\_\_\_\_ Cell #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male Female Grade: 6th 7th 8th

Medical Needs (list allergies, medications, and other pertinent issues):

\_\_\_\_\_  
\_\_\_\_\_

**Contacts & Emergency Information**

Mother/Primary: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Father/Primary: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

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

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

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Release Information**

By submitting this form, you allow **Mountain View Christian Church** to seek whatever medical treatment is deemed necessary and release the church and its staff of any liability. In the case of a medical emergency, you take responsibility for medical care and the cost of any care provided to the students named above. You give consent for the student(s) named above to be involved in all activities planned during the trip being hosted by **Mountain View Christian Church**, and understand that photos and videos of your student may be used in materials for the church and youth ministry.

Please sign your name below in order to agree to the information contained in this form and release **Mountain View Christian Church and all sponsors and volunteers** of liability.

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

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

Parent Email (REQUIRED): \_\_\_\_\_

Parent Cell #: \_\_\_\_\_

