

ARKANSAS YOUTH CONFERENCE

Little Rock, Arkansas

Permission slips and \$30 due March 6.

| I, parent of | <i>_</i> |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | on for my student to attend the Arkansas Youth Conference with Mountain View Christian and sponsors. I understand the following (please check all): |
| | My student is attending a conference in <u>Little Rock, Arkansas on April 5-6, 2024.</u> |
| | 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 a the church by 12:45 pm or they will be picked up from the middle school at 1 pm. <u>THEY MUST HAVE A PERMISSION SLIP TURNED IN TO THE SCHOOL TO BE PICKED UP.</u> |
| | My student understands that he/she is representing him/herself, parents, our church and Jesus while on the trip. If behavior becomes and 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 | d 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: |
| treatment is deemed necessary and release the medical emergency, you take responsibility for the students named above. You give consent activities planned during the trip being hosted stand that photos and videos of your student ministry. | View Christian Church to seek whatever medical ne church and its staff of any liability. In the case of a or medical care and the cost of any care provided to for the student(s) named above to be involved in all d by Mountain View Christian Church, and undermay be used in materials for the church and youth e to the information contained in this form and relations and volunteers of liability. |
| Parent/Guardian Name Printed: | Date: |
| | |



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Contact Lindsay Crouse, 304-671-5604 or foothillslec@gmail.com, with any questions.

Each year, before COVID, MVCC took the Middle schoolers to a conference call CIY Believe. That conference no longer takes place. We have been actively searching for a replacement the past few years. We have researched AYC and believe it to be a great replacement.

The trip cost is \$75 for the conference and lodging, plus travel cost (see below).

Students must leave school early on April 5 at 1 pm for us to make it to the conference on time.

Travel Costs

Friday

\$0 Lunch (at school) \$10 Supper (fast food)

\$0 Late night snack after Session 1 (donated)

Saturday

\$0 Breakfast (at hotel)

\$0 Lunch (donated)

\$10 Supper (Fast Food)

\$10-20 Souvenirs

*Students may want to bring money for when we stop at gas stations, but its not needed. We will have snacks and drinks on the vans/bus.

Wednesday, March 6

Form and \$30 deposit due

Wednesday, March 27

Reminder of fee due

Friday, April 5, 2024

Leave church at 12:45 pm Leave middle school at 1:15 pm\

Saturday, April 6, 2024

Return around 10 pm

| Please do not let finances keep your student We have people in the church who enjoy pro | | attend. | | |
|-----------------------------------------------------------------------------------------|-----------------------------------|-------------------------------|--|--|
| | School Permi | ssion Slip for early pick up. | | |
| l, | , parent of | | | |
| who is grade, has my permission to be release from school on April 5 at 1 pm into the | | | | |
| care of Lindsay Crouse, Youth Leader at Mc | ountain View Christian Church, fo | r a youth conference in | | |
| Little Rock, Arkansas. | | | | |
| | | | | |
| Parent Signature | Cell number | Date | | |