

MEDICAL RELEASE:

I am the parent or legal guardian of this youth/participant and hereby give my permission to the Martinez church of Christ to administer necessary medical attention to my child in case of injury or illness, and to take my child to a doctor or hospital. I further authorize medical treatment to be administered to my child including, but not limited to, emergency surgery or medical treatment. I further authorize the Martinez church of Christ to receive physical custody of my child, as named above, under section 1283(a) of the California Health and Safety Code upon completion of any treatment, and I specifically instruct any health facility to surrender the physical custody of my child, as named above, to the Martinez church of Christ.

The undersigned shall be liable and agrees to pay costs and expenses incurred in connection with such medical services rendered to the youth/participant.

PARENT OR GUARDIAN SIGNATURE

DATE

LIABILITY RELEASE:

Every activity by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree to hold harmless Martinez church of Christ and the directors and agents thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child/participant that occur while the said child is participating in the above-described activity.

PARENT OR GUARDIAN SIGNATURE

DATE

Mail to:

church of Christ
5050 Hiller Lane
Martinez, CA 94553



HOW DO we get there ??

From the East, take Hwy. 4 West. Exit at Morello Ave. and turn right (North).

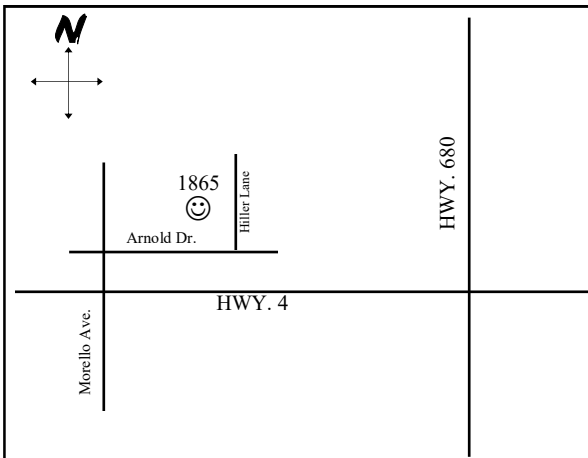
From the West, take Hwy. 4 East. Exit at Morello Ave. and turn left (north).

From the North, Take Hwy. 680 south to Hwy. 4, head West. Exit at Morello Ave. and turn right (north).

From the South, Take Hwy. 680 North to Hwy. 4, head West. Exit at Morello Ave. and turn right (north).

... After exiting Hwy. 4 onto Morello Ave., head North. Make a right onto the first street, which is Arnold Drive. The church building (1865) is on the left side of the street, about 1 mile East of Morello. Turn left onto Hiller Lane. Enter the parking lot.

CALL (925) 228-2440 FOR ASSISTANCE.



“SCARY MONSTERS” YOUTH Rally



A thief only comes to steal and kill and destroy. I have come so that they may have life and have it to the full.

John 10:10

OCTOBER 18-20, 2019

Martinez church of Christ
5050 Hiller Lane
Martinez, CA 94553

Detach here and mail

SCHEDULE OF ACTIVITIES

FRIDAY:

7:00 Registration
8:00 Praise Time
8:30 STEALING JOY
9:30 Host Homes

SATURDAY:

8:30 Late registration / Pancake breakfast
9:30 Praise Time
10:00 STEALING PEACE
11:00 **CARNIVAL**

- 11:00 - 12:30 Lunch
- 12:30 - 2:00 Snack Shack

2:30 Praise Time
3:00 STEALING CONFIDENCE
4:00 Break
4:15 *Did you SEE that?*
5:45 Dinner & Dessert
6:45 Praise Time
7:00 STEALING HOPE
7:45 Break
8:00 *Prayer Power*
9:30 Host Homes

SUNDAY:

8:00 Pancake breakfast
9:00 STEALING SALVATION
10:00 TEFT PREVENTION
11:30 Lunch

COST: \$70!



Look at all the things you get...



All activities, including wonderful lessons, entertainment, and ALL events associated with the events on Saturday!



A piece of floor space that you can call "home" - at least for the weekend. Provided by your hosts of the Martinez church of Christ.



Delectable delicacies that are sure to tantalize your taste buds and leave you feeling satisfied!



AND WHO COULD FORGET
Your very own "SCARY MONSTERS" YOUTH Rally t-shirt!

pre-register By
OCTOBER 15th
and save \$20!!
????? QUESTIONS ?????

Call us at: (925) 228-2440

Fax us at: (925) 228-8660

Or e-mail us at:

office@martinezchurchofchrist.org

"SCARY MONSTERS"

YOUTH Rally Registration and Release Form
October 18-20, 2019

Please fill out **completely** and **legibly**.

Name:		DOB:
Gender: Male Female		Age:
Address:		
Home Congregation:		T-shirt size:
E-mail address:		
Chaperone/Youth Leader		

IN CASE OF EMERGENCY CONTACT:

Name:	Phone number:
Insurance provider:	Policy number:

Please list ALL (attach further instructions if necessary):

Activity restrictions _____

Allergies _____

Medications _____

Other health concerns _____

Detach here and mail