

City Sights, City Lights

*a middle school mission experience
(for rising 6th graders to rising 9th graders)*



Get connected face-to-face, use of electronics/phones will be limited.

June 19-21, 2017 in Russellville, KY

Cost: \$30

**Join middle school students and leaders from around our
Presbytery for an opportunity to make a difference and have fun!**

Where: The Presbyterian Church of Russellville, KY

Bring: Bible, sleeping bag and pillow, clothes for work and clothes for play, shower items, shower shoes, one-piece swimsuit, towels, sunscreen, board games to share, snacks to share, any medications (be sure to inform your adult leader of medical concerns or dietary needs).

Use the form on the back to register your group by Sunday, June 4. Contact Becky Stapleton at becky.stapleton@logan.kyschools.us or 270.535.7040 with any questions!

Activities include:

- Work projects
- Climb adventure
- Praise and worship service



Note: please have parents visit

<https://app.waiverforever.com/pending/pUjYP3OP0H1465227238> to complete a waiver for each participant (mandatory to participate at The Climb)

CITY SIGHTS CITY LIGHTS 2017

Emergency Contact and Medical Information for a Child

This form will be kept on file for each child attending City Sights City Lights 2017.

Child's Name _____ Date of Birth _____ Sex: M F

Adult Leader _____ Home Church _____

Parent/Guardian's Name _____

Address _____

City, State, ZIP code _____

Primary Emergency Contact _____

Home Phone _____ Cell Phone _____

Medical Information _____

Physician's Name _____ Phone Number _____

Insurance Company _____ Policy # _____

Allergies/Special Health Considerations _____

First Presbyterian Church, Russellville, KY and the Presbytery of Western KY does / does not (circle one) have my permission to publish photos of my child, mentioned above, in print or by electronic media.

First Presbyterian Church, Russellville, KY and the Presbytery of Western KY do / do not (circle one) have my permission to administer basic first aid or over the counter medication (such as Tylenol) to my child, mentioned above.

Parent's/Guardian's
Signature _____ Date _____

I give permission for my child, mentioned above, to participate in the activities of the City Sights City Lights. I understand that these activities include volunteer work opportunities in the local area.

Parent's/Guardian's
Signature _____ Date _____