

Medical Permission

I give permission for (student name)

_____ to participate in activities with Child Evangelism Fellowship®. I will not hold Child Evangelism Fellowship and/or its representatives responsible for any injury, illness, or mishap that may occur to the above person.

I authorize the designated CEF® representative to sign consent for treatment and release of medical records, whenever required. This person may also sign for medical reimbursements, with my own insurance being primary coverage. (Applies to minors only.)

Birth date of student: _____
Any special conditions of which we should know?
Allergies, medications, conditions)

Name of Family Doctor: _____

Phone Number of Family Dr. _____

Insurance Company _____

Policy Number _____

Name of Insured Person _____

Relationship of Insured to Student _____

Contact at Insurance Co. _____

Phone number for Insurance Co _____

Signature of Parent of Guardian and Date

_____ - _____

Signature of applicant (if not a minor):

_____ - _____

Who : Teens 13+ years

Where: Near Munising

When : Fri, April 19,
& Sat, April 20
(10:30 am Friday
to 2pm Saturday)

Why : Food, Fun,
Fellowship &
Ministry opportunity
information!

Cost : \$20.00

For more information
(and possible rides) contact—

North Central Director—Cheryl Doan—
989-506-2325 (call or text)

Eastern Area Director—
Daniel Hamel—906-440-6480

South Central Director—
Trish Gustafson—906-774-0683

Teens The Gathering

April 19-20, 2019



Since 1937

CEF
CHILD EVANGELISM
FELLOWSHIP®

Reaching children worldwide®



What's in Your Summer?

Come investigate Summer
Ministry opportunities with
Child Evangelism Fellowship.

Opportunities to experience
God working ~ both in you and
through you.

Yes You! This summer!

Therefore, my beloved
brothers, be steadfast,
immovable, always abounding
in the work of the Lord,
knowing that in the Lord your
labor is not in vain.

1 Corinthians 15:58

Friday April 19

Meet at:

Munising Baptist Church
N6285 Conners Rd
Wetmore, MI 49895

Registration is between:

10:30 and 11:00 am on Friday April 19

Cost: \$20.00

Bring:

Your BIBLE!

Sleeping Bag/Pillow (and jammies)

Personal items for teeth and face etc.

Saturday April 20

Leave:

2:00 pm from Munising Baptist Church

2019 Registration

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone: _____

Age: _____ Gender: _____

T-Shirt Size: (Circle:) S M L XL XXL

Mail: this Registration/Medical
Permission Form and the Optional
Photo Release Form to the address
below.

Child Evangelism Fellowship of
Upper Michigan, Inc.

P.O. Box 1208
Sault Ste, Marie, MI 49783



What's in Your Summer?

The Optional Photography and Video Release to the right is the official form we are to have folks sign.

Your child's picture will most probably only be posted on facebook and possibly on this flyer for next years promotion!

Thanks for letting us know if we can share your child's fun with others.

OPTIONAL Photography and Video Release

Child Evangelism Fellowship® may, from time to time, document the activities of the ministry with photos or videos.

I hereby assign and grant to Child Evangelism Fellowship Inc., its subsidiaries and successors, and assign the unqualified right to the ownership, use and proceeds of all photographs or video of me or my minor child, without reservation or limitation, including use of photographs or video of me or my minor child for, but not limited to, advertising, educational and promotional purposes.

Parent/Guardian Signature:

Parent/Guardian Printed Name:

Child's Name:

Date: