

- To reserve your slot(s) Please return this completed form and the Paintball Player Waiver along with payment to Tri-County Baptist Church for the full cost of the event for those participating.
- If additional forms are desired, download them online at tbcblive.org—Ministries, Children and youth section.
- There will be at least one chaperone for every 5-7 students.

Allergies or Medical Conditions: _____



Contact: Holly Phillips
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 Damascus, MD 20872



Youth Ministry Paint Ball Adventure



Frederick, MD

The 5 W's!

Who:

- High school and Middle School students.

What: 2 Hours of Paintball at Paintball Sportsland

When: Saturday

April 28, 2018

- Meet at Tri-County- 11:45AM
- Return to Tri-County - 4:30PM

Where:

Paintball Sportsland
10418 Old Liberty Road
Frederick, Maryland 21702
301-898-1100

Why: A great opportunity to develop friendships while matching wits and strategic planning in the hopes of achieving victory!



The Details

Cost:

\$40—Per person. (no discount for those with their own equipment *field rules*)

Cost includes:

- Transportation to and from Tri-County to the Paintball Arena
- All necessary equipment including a generous portion of paintballs *as many as needed*
- 2 hours of private paintball games.
- Lunch—Pizza and drinks

Due Date:

- **Payment and permission slips (Tri-County release form and Paintball player waiver) must be received no later than Wednesday, April 25**

What to Bring

- Closed toe shoes.
- Clothes you don't mind getting dirty. (Long pants and long sleeves are highly recommended)
- LOTS OF FRIENDS AND FAMILY!

TRI-COUNTY BAPTIST CHURCH

Release Form 6th - 12th Grade

Activity: Paintball

Date: April 28, 2018

Leaders Name: Holly Phillips

Participant's name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Age: _____

Birth date: _____

Parent/Guardian's Name: _____

Phone: (H) _____ (W) _____
(Dad)

Phone: (H) _____ (W) _____
(Mom)

Name of Health Insurance Co: _____

Policy Number: _____

In submitting this form, I the undersigned intending to be legally bound for myself, my liens, agents, employees, or child; waive, release and forever discharge any and all rights and claims which I may hereafter accrue to me against Tri-County Baptist Church and their successors and assigns, their employees, or any activity sponsor, and volunteer. For any and all claims for loss, damage, or injury sustained by the undersigned, or their property, or child of the undersigned.

In case of medical emergency, I the undersigned, understand every effort will be made to contact parents or guardians of each teen. In the event I cannot be reached, I hereby give permission to the physician selected by the Youth Leader to hospitalize and/or secure proper treatment for, and order injection or anesthesia or surgery for my child as named above.

We, the parent(s) or legal guardian(s) of this participant, hereby grant our (my) permission for him (her) to participate in the above named event. Please list any allergies or special medical problems your child may have on the back.

Parent/Guardian (Printed Name)

Parent/Guardian (Signature)

Date