

EVENT DETAILS & INFO

Date: Friday, Jan 29th into Saturday, Jan 30th

Time: 7pm - 7am [You can arrive at Drop In earlier if you'd like]

Price: Drop In session \$10 - pay at Drop In
All Nighter + \$40 - pay to SFNJ
Total \$50

Meet at: Drop In Skatepark
143 Route 59 East, Building 4E
Hillburn Industrial Park
Hillburn, NY 10931

Pick up at: PowerHouse Christian Church
500 West Main Street, Suite 2
Wyckoff, NJ 07481

Stuff You'll Need:

Skateboard and Helmet

Any skate videos you'd like us to show
pillow / sleeping bag if you'd like to take a
quick nap, but we can't guarantee that someone
won't draw on your face while you're sleeping... just
kidding. you probably won't need those things.

Stuff Not to Bring:

Guns
Knives
Drugs
Cigarettes
Booze
Bad Attitudes
Pillow / Sleeping bag

\$40 Includes:

all you can eat pizza and beverages
ice cream sundaes
breakfast / OJ / coffee
SFNJ SkateClub Allnighter 2010 tee shirt
a sheet of Grip for grip tape art
memories that will last a lifetime

PERMISSION SLIP AND INFO



SKATECLUB

ALL NIGHT SKATE BONANZA 2010

Friday January 29th



SFNJskateboarding is a branch of
Touch The World Ministries

1 Maple St.
Allendale, NJ 07401

info@sfnj.com
201.760.9924
www.sfnj.com

SKATECLUB permission slip

ALL NIGHT SKATE BONANZA 2010

I give my permission for my son _____ to go with Solid Foundation SkateClub on the "All Night Skate Bonanza" on Friday night, January 29th through Saturday morning, January 30th.

I also agree not to hold the staff or volunteers of Solid Foundation, Touch The World Ministries or Powerhouse Christian Church responsible for damages, losses, or injuries that might occur to the above trip participant. Finally, I give my permission for my son to be treated medically in the event of an accident or illness.

Have you signed a 2009 SFNJ skatepark waiver for your son or daughter? [] yes [] no
If you have answered "no" to this question, please print and fill out an SFNJ waiver from the skatepark website:
www.sfnj.com

(signature parent or gaurdian) (Date)

(print name)

Phone(s) you can be reached at in case of emergency:

*Please turn in this permission slip, the PowerHouse release form and the \$40 to us at Skate-Club by next Tuesday the 26th. Space is limited!

SCHEDULE & CONTACT INFO

- 7pm Meet at Drop In Skatepark
- 11pm Leave Drop In and take vehicles to PowerHouse Church in Wyckoff
- 11:30ish Arrive at PowerHouse and get the tour
- 11:40ish Eat Pizza and move ramps into church
- 12am Skate and/or climb the rock wall
- through the night but not scheduled: Skate contest
Billiards tournament
Customize your own tee
Grip tape art
Skate Vids
Wii
Manhunt
- 6am: Breakfast / Clean up
- 7am sharp: Parents arrive to pick up

In case of emergency, feel free to reach us at:

Steven Wolfe - 973.650.5412

Cory Fieldhouse - 973.903.7915

Brian Cordes - 862.377.9703

Matt Wolfe - 973.980.9304

[multiple numbers are listed just in case one person doesn't pick up for some reason.]

Feel free to call or write if you have any questions:
steven@sfnj.com or cory@sfnj.com
office line: 201.760.9924

cut and keep for reference

POWERHOUSE CHRISTIAN CHURCH
Rock Wall Climbing Activities - Release Form

I, _____ give my child _____ permission to use the
rock climbing wall at PHCC.

LIABILITY RELEASE / PERMISSION FORM /
CONSENT TO TRAVEL / MEDICAL RELEASE
LIABILITY RELEASE, PERMISSION, CONSENT FOR CLIMBING ROCK WALL:

I (the participant), _____, being an adult (18 years or older) or the parent/legal guardian of _____ (name of participating minor), do hereby release POWERHOUSE CHRISTIAN CHURCH, its agents, assigns, employees, volunteer assistants, climbing instructors/supervisors, landlords and/or owners of Powerhouse property from any liability whatsoever arising out of injury, sickness, damage, or death which may be sustained by myself or the above participating minor during any activity, event, function, or the like involving the rock climbing wall in POWERHOUSE CHRISTIAN CHURCH.

MEDICAL RELEASE

I (the participant), _____, being an adult (18 years or older) or the parent/legal guardian of _____ (name of participating minor), do hereby give my consent for the church leader or properly appointed staff member or climbing instructor/supervisor of POWERHOUSE CHRISTIAN CHURCH to secure the administration of medical treatment or medication for the above named individual and do further agree to the performance of such treatment, anesthetic, and operations as in the opinion of the attending physician is deemed necessary for myself or the above named minor while participating in a rock wall climbing event or activity at POWERHOUSE CHRISTIAN CHURCH. I have informed POWERHOUSE CHRISTIAN CHURCH of all prescribed or over-the-counter medications that I and/or my minor are currently taking, all restrictions on medical treatment to be provided, of all allergies to medications, and of special medical requirements by listing them on the reverse side of this form.

On the reverse side of this form, please fill out all medical information completely.
DISCIPLINARY AGREEMENT

I, _____, being an adult (18 years or older) or the parent/legal guardian of _____ (name of minor), understand that while I or the above named minor participates in any activity related to rock wall climbing, I, or the above named minor, is responsible to abide by the rules set forth by the sponsored organization, its leaders and/or all supervisory personnel. Any infraction of rules and/or conduct by the above named person(s), deemed to be serious by any director or properly appointed staff member of POWERHOUSE CHRISTIAN CHURCH, can result in corrective action, up to and including dismissal from the event. In the event that I or the above named minor is dismissed from the program I or the minor's legal guardian agrees to assume the entire cost of the event of function pertaining to the rock climbing wall. I fully understand and agree that there will be no refund of the cost in these instances.

Participants date of birth _____

MAIN EMERGENCY CONTACT

Please complete the following information for the minor's parent/legal guardian:

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____

ALTERNATE EMERGENCY CONTACT

In case of emergency and we are unable to reach the main emergency contact, who would you like us to attempt to reach?

NAME _____ RELATIONSHIP _____ PHONE _____

By signing below, I affirm that I agree to all of the above statements and that all of the information provided on the reverse of this form is complete, accurate and true to the best of my knowledge.

Signature of participant _____ Date

Signature of parent or legal guardian (if participant is under 18) _____ Date

Signature of other parent or legal guardian (if applicable) _____ Date

MEDICAL INFORMATION (Please provide the following information):

Date of Birth: _____

ANY MEDICATION OR TREATMENT THAT SHOULD NOT BE GIVEN TO YOUR MINOR BECAUSE OF DANGEROUS REACTIONS (list all)

ANY MEDICAL CONDITIONS THAT YOU OR YOUR MINOR MAY HAVE (full details)

ANY MEDICATIONS BEING CURRENTLY TAKEN BY YOU OR YOUR MINOR (list all)

ANY ALLERGY YOU OR YOUR MINOR MAY HAVE (list all)

ANY PHYSICAL LIMITATIONS OR DISABILITIES THAT COULD POTENTIALLY AFFECT YOU OR YOUR MINOR DURING ACTIVITIES: (list all)

ALL MEDICAL INSURANCE INFORMATION

COMPANY NAME:

POLICY NUMBER:

MEMBER'S NAME: