

October Student Ministry Newsletter

REMINDERS

- SUNDAY SCHOOL (SS) – 9:30 – 10:30 am
- AFTERSHOCK – Sundays 5-7pm
- RE-FUEL – Wednesdays 7-8pm

SCHEDULE

Sunday, 1st

SS 9:30-10:30

Aftershock- 5-7 (Coach D. lesson)

Wednesday, 4th

RE-FUEL – 7-8 (Colby lesson)

Sunday, 8th

SS 9:30-10:30

Aftershock- 5-7 (Coach D. lesson)

Wednesday, 11th

RE-FUEL – 7-8 (Colby lesson)

Saturday, 14th

Youth Ignite 8-6

Sunday, 15th

SS – 9:30-10:30

AFTERSHOCK – 5-7 (Coach D. lesson)

Wednesday, 18th

RE-FUEL 7-8 (Colby lesson)

Sunday, 22nd

SS – 9:30-10:30

Fall Party at Kim Martin's 5-8

Wednesday, 25th

RE-FUEL – 7-8 (Colby lesson)

Sunday, 29th

SS - 9:30-10:30

Aftershock 5-7 (Painting Pumpkins)

Events:

Oct. 14th- Youth Ignite: All youth invited to spend one day, with other churches in our district, at The Owl Center. There will be Worship, service, team building, and a 10,000 square ft maze! The cost is \$10. Please sign your youth up today.

Oct. 22nd- Fall party at Kim Martin's: All youth invited for a bonfire, smores, hayride, and more fun from 5-8 in place of aftershock. We will meet at the church and take the vans there and back.

Upcoming:

Youth Christmas Party on Dec 10th in the Youth Lounge.

Also, go and "LIKE" our Facebook page to keep up to date on information!!
Facebook.com/StudentMinistryNatch

Follow us on
Twitter @FUMCYouth_Group
or
Instagram @FUMCYouth_Group

With questions you may contact Colby Session, Director of Youth Ministries.
Cell- 318-652-4878
Email- colby@fumenla.org

Thanks & Blessings,
Colby Session & Dwain Spillman

**First United Methodist Church of Natchitoches
Parent Permission – Medical Release Form**

Event Location: Kim Martins House 769 White Oak Lane Natchitoches La 71457

Event Dates/Times: Oct. 22nd 5pm-8pm

Scope/Purpose of Event: Fall party. There will be a bonfire and hayride

Transportation: Church Van or Volunteer Vehicle

PARTICIPANT INFORMATION

Child's Name: _____ Birth Date: _____

Parent or Guardian Name: _____

Address: _____

Email address: _____

Cell Number: _____ Phone Number: _____

Pickup Person: _____ Phone Number: _____

Emergency Contact: 1) _____ Phone Number: _____

Emergency Contact: 2) _____ Phone Number: _____

Known allergies, including allergies to medicine: _____

Any other medical problems which should be noted: _____

Are you willing to assist at this event? _____

Would you like to join a private Facebook group for this group/event? _____

Please provide your Facebook name so that we can invite you! _____

Be sure to check out and like our Youth Ministry Facebook page for the most current happenings.

www.facebook.com/StudentMinistryNatch

Also, be sure to follow our Youth Ministry Instagram and Twitter for the most current happenings.

@fumcyouth_group

PHOTOGRAPHY RELEASE

I hereby give _____/DO NOT give _____ (check one) First United Methodist Church permission to use pictures or recordings of my child on the church website or Facebook page and to publish pictures in the newspaper.

PERMISSION and MEDICAL/LIABILITY RELEASE

My child, _____, has my permission to attend the trip/event described above under the direction of an adult sponsor. I understand that, in the event that my child requires medical attention while attending the trip/event described above, an adult sponsor will make every reasonable attempt to contact me. In the event that my child requires medical attention while attending the trip/event and my consent is unavailable, unobtainable, or impractical to obtain, or when in the sole discretion of the adult sponsor, the circumstances require immediate emergency medical decisions or attention, I hereby grant to the adult sponsors unlimited permission to make medical decisions, including administering medication and authorizing surgery for my child. I hereby agree on my own behalf and on behalf of my child to RELEASE, DISCHARGE AND HOLD HARMLESS the adult sponsors of the trip/event described below and First United Methodist Church in Natchitoches, Louisiana, its employees, agents, representatives, and volunteers from any and all suits, claims, demands, actions, liabilities and damages of every kind and character arising out of or in connection with my child's attendance and participation in the trip/event described below, including but not limited to claims for personal injury, sickness or with respect to medical decisions made by adult sponsors pursuant to the permission granted above.

Parent/Guardian Signature: _____ Date: _____

First United Methodist Church of Natchitoches
Parent Permission – Medical Release Form

Event and Location: Youth Ignite at The OWL Center in Dubach La 71235

Event Dates/Times: Oct. 14th 8am-6pm

Scope/Purpose of Event: Meet youth from the Shreveport and Monroe Districts. Worship, service, team building and fellowship.

Transportation: Church Van or Volunteer Vehicle

PARTICIPANT INFORMATION

Child's Name: _____ Birth Date: _____

Parent or Guardian Name: _____

Address: _____

Email address: _____

Cell Number: _____ Phone Number: _____

Pickup Person: _____ Phone Number: _____

Emergency Contact: 1) _____ Phone Number: _____

Emergency Contact: 2) _____ Phone Number: _____

Known allergies, including allergies to medicine: _____

Any other medical problems which should be noted: _____

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Parent/Guardian Signature: _____ Date: _____