



**2:30-8 pm Sunday, January 29  
Colden Tubing Company**

**Featuring:**

**Unlimited Snowtubing 2:30-6 pm  
Unlimited pizza, wings and pop 6-7 pm  
Unique worship experience 7-8 pm**

At Kissing Bridge / Colden Tubing Co., 10296 State Rd. (Route 240), Glenwood

**Cost: \$20 per person** (youth & adult, includes tubing and dinner)

**Youth Sibling Discounts for NFCLYO Events!!!**

Get 10% off for a second sibling living in the same household (\$18)...  
and 25% off for each additional sibling (\$15 each)!!! (FULL youth participants only)  
Snowtubing ONLY \$10 each / Dinner ONLY \$10 each (options not eligible for discounts)

Event is for grades 6-12, friends and adult advisors

**THIS EVENT IS LIMITED TO 75 PARTICIPANTS!!!**

Advance reservations only...get your spots by January 20!

Use form on back, or now reserve online!!!

For more info call (716) 465-1321 or go to [www.nfclyo.org](http://www.nfclyo.org)



**T.P. THE F.P.!!!**

We're collecting rolls of TOILET PAPER for the Resurrection Food Pantry...bring all you can for the T.P. Castle!



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## 2012 NFCLYO Winter Day Out

2:30-8 pm Sunday, January 29

Colden Tubing Company, Glenwood

Going to this event?! Here's what you need to do...

**1** Have your church youth leader fill out the Reservation Form below. Return the form to the address shown with your payment by Friday, January 20. You can also reserve online at [www.nfclyo.org/events.html](http://www.nfclyo.org/events.html)

**2** Copy the attached Event Ministry Registration forms for each youth and adult attending to complete and bring with them to the event (if they have not turned in a form at a previous event). Be sure to read and sign them.  
**NOTE:** Once you have completed and returned a registration form, it is good for the remainder of this year's events! These are also online!

**3** That's it! Get directions and event updates at [www.nfclyo.org](http://www.nfclyo.org). If this event is cancelled or postponed, the Adult Leader listed below will be contacted as soon as possible, and appropriate refunds can be given. Don't forget the T.P.!

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### 2012 NFCLYO Winter Day Out

January 29 2:30-8 pm

### GROUP RESERVATION FORM

Please complete and mail with Payment by deadline

Please mail this form with the number of youth and adult chaperones (1 adult needed for every 9 youth) attending to the address below. Enclose a check with your total payment payable to **NFCLYO**. **NOTE:** individual registration forms are still required to be completed and brought with those attending to the event.  
**Reservation deadline is Friday, January 20, 2012.**

#### A.—ADULT LEADER INFO

Church Name and City: \_\_\_\_\_

Adult Leader Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Email: \_\_\_\_\_

Best way to reach you the day of the event: \_\_\_\_\_

B.—GROUP INFO <i>Count Youth AND Adults</i>	MULTIPLY THESE TWO COLUMNS		ENTER TOTAL HERE
	No. Participating	Cost Per Person	
FULL participants *		X \$20.00	=
FULL sibling participants **	2nd: ___ 3rd & up: ___	2nd: \$18 3rd & up: \$15	=
Tubing ONLY participants ^		X \$10.00	=
Dinner ONLY participants ^		X \$10.00	=
^ "Tubing or Dinner ONLY" participants not eligible for discounts			
<b>Total Payment Enclosed</b>			<b>=</b>

**NOTES:** \* FULL participants are youth AND adults participating in tubing and dinner.  
\*\* FULL sibling participants are youth ONLY that are eligible for the Youth Sibling Discounts listed.  
A confirmation email will be sent to the adult leader at the Email listed above within 3-5 work days.

*Be sure to copy this completed form for your records.*

**Please mail this form along with your group's total payment to:**  
Niagara Frontier LYO, Winter Day Out, 55 Pleasant Ave., Lancaster, NY 14086

**Questions? Feel free to contact:** Rick Mollenkopf-Grill, (716) 465-1321 Email: [rick@nfclyo.org](mailto:rick@nfclyo.org)

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Church Name and City: \_\_\_\_\_

Adult Leader Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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# NFCLYO

## Niagara Frontier Conference Lutheran Youth Organization

*A ministry supported by Lutheran Charities of WNY & St. John's Lutheran Home for Children*  
55 Pleasant Ave. · Lancaster, NY 14086-2105 · (716) 683-8972 · Fax: (716) 681-5822



### 2011-2012 EVENT MINISTRY REGISTRATION FORM—YOUTH

#### Directions:

- Please complete entirely and sign below. **ONE PERSON PER FORM.**
- Give it to your church group leader to bring, or you can bring it yourself to any NFCLYO event.
- This form is in effect for all NFCLYO Events in the 2011-12 school year.
- Once completed, you do not need to complete another form.
- If there is a cost for an event, be sure to pay your church group leader what is owed by the deadline they give you.
- **This form expires August 31, 2012.**

#### A.—YOUTH INFORMATION

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M / F Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Youth Email Address (if you want to get info on upcoming events): \_\_\_\_\_

Church & City of group you are attending events with: \_\_\_\_\_

#### B.—PARENT/GUARDIAN, EMERGENCY CONTACT AND HEALTH INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Phone (if different): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address (if different): \_\_\_\_\_

If Parent or Guardian is not available in an emergency, please notify:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Any allergies, special dietary needs, recent serious injuries or operations, current or recent exposure to illness/disease?

Yes / No If yes, please explain: \_\_\_\_\_

**This form is not complete until you and a parent/guardian read carefully and sign below!**

#### C.—YOUTH COVENANT

While attending NFCLYO ministry programs, I promise that I will:

- Follow all rules and expectations
- Be active, positive and wholly present in all activities, and encourage others to do the same
- Respect all persons, their property and the places we are in, treating all with care and kindness
- Not use weapons, tobacco products, alcohol, or illicit drugs and related items of any kind
- Not wear revealing, suggestive or otherwise offensive clothing and not conduct myself in such ways
- Conduct myself in a positive and appropriate way in my relationships with everyone
- Help to ensure a safe, fun, wholesome and faith-filled environment by reporting up any violations of the above expectations and any emergency to your adult chaperone and NFCLYO staff
- Have FUN!!!

I understand that I am being trusted and held accountable to this covenant, and if I break that trust, I risk being removed from the program at the time, and if necessary having my parents or local authorities notified, and being held responsible for any damages. I agree to uphold this covenant with all present at any and all programs.

Youth Signature: \_\_\_\_\_

#### D.—PARENT CONSENT AND RELEASE STATEMENT

As the parent/guardian of this youth, I give my permission for him/her to be involved in any and all NFCLYO ministry programs, and agree that he/she will follow the youth covenant on the left.

In the event I cannot be reached in an emergency, I grant permission for this youth to be taken to a doctor or hospital as selected by NFCLYO staff or emergency personnel, share the medical information listed on this form and authorize medical treatment for, and to order injection, anesthesia or surgery. I agree to assume responsibility of all medical bills incurred.

I understand that no one at NFCLYO ministry programs is responsible for the administration of prescribed and/or over-the-counter medications and I have made arrangements for any medication taken on a daily schedule by this youth.

I consent to any video images, photographs, and/or audio recordings of this youth to be used and distributed as the Niagara Frontier Conference (NFC) deems fit, understanding such reproductions will be kept anonymous unless otherwise permitted by this youth and parent. I also release this youth's contact information (Section A above) for use in a database to be notified of other youth ministry events of similar interest and content.

I understand I am responsible for the transportation of this youth to and from ministry programs, and will ensure such arrangements are made. I understand all reasonable safety precautions will be taken at all times by all staff during ministry programs. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the NFC, its staff or any of its associated churches and organizations liable for damages, losses, diseases, illnesses or injuries of any kind incurred by this youth.

I understand and consent to what is stated on this form.

Parent/Guardian Signature: \_\_\_\_\_

**NFCLYO Registration Forms can also be completed online! Go to [www.nfclyo.org/events.html](http://www.nfclyo.org/events.html).**



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Niagara Frontier Conference  
Lutheran Youth Organization

*A ministry supported by Lutheran Charities of WNY & St. John's Lutheran Home for Children*  
55 Pleasant Ave. · Lancaster, NY 14086-2105 · (716) 683-8972 · Fax: (716) 681-5822



## 2011-2012 EVENT MINISTRY REGISTRATION FORM—ADULT

### Directions:

- Please complete entirely and sign below. **ONE PERSON PER FORM.**
- Give it to your church group leader to bring , or you can bring it yourself to any NFCLYO event.
- This form is in effect for all NFCLYO Events in the 2011-12 school year.
- Once completed, you do not need to complete another form.
- If there is a cost for an event, be sure to pay your church group leader what is owed by the deadline they give you.
- **This form expires August 31, 2012.**

### A.—ADULT CHAPERONE INFORMATION

Name: \_\_\_\_\_ Gender:   M   /   F  

Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Email Address: \_\_\_\_\_

Church & City of group you are attending events with: \_\_\_\_\_

### B.—EMERGENCY CONTACT AND HEALTH INFORMATION

If involved in an emergency and are unable to notify anyone, please notify:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Any allergies, special dietary needs, recent serious injuries or operations, current or recent exposure to illness/disease?

Yes / No If yes, please explain: \_\_\_\_\_

**This form is not complete until you read carefully and sign below!**

### C.—ADULT CHAPERONE CONSENT AND RELEASE STATEMENT

As an adult chaperone for any and all NFCLYO ministry programs, I agree to assume complete and full responsibility for the supervision and care of all of the youth in my care at any given time. I agree to model appropriate and positive behavior for the youth in my care. I agree that I will attend and abide by all set expectations and encourage the youth in my care to do the same. I agree to not possess or use weapons, tobacco, alcohol, or illicit drugs of any kind, and not to exhibit offensive behavior or cause damages of any kind to persons or property. If I am found to be in possession of, used, exhibited or caused any of what is listed here, I risk being removed from the program at the time, and the appropriate authorities being notified if deemed necessary. I will also be held responsible for any damages I may have caused.

During ministry programs, there will be opportunities and a need for adults attending to assist and serve in various duties involved in operating ministry programs, such as food service, building security, basic maintenance tasks, etc. I understand such a need exists and I agree to be willing and able to assist in these and any other operations as such needs arise.

In the event I am involved in an emergency and are unable to give consent, I hereby grant permission for myself to be taken to a doctor or hospital as selected by NFCLYO Staff or emergency personnel, share the medical information listed on this form and authorize medical treatment for, and to order injection, anesthesia or surgery unless otherwise noted on your person (such as a medical alert bracelet) or medical records. I agree to assume responsibility of all medical bills I incur.

I consent to any video images, photographs, and/or audio recordings of myself to be used and distributed as the Niagara Frontier Conference (NFC) deems fit, understanding such reproductions will be kept anonymous unless otherwise permitted by myself, any youth in my care and parents. I also release my contact information (Section A above) for use in a database to be notified of other youth ministry events of similar interest and content.

I understand that transportation to and from all ministry programs for all of the youth in my care shall arranged with either the Parent, myself or other responsible party.

I understand all reasonable safety precautions will be taken at all times by all staff during ministry programs. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the NFC, its staff or any of its associated churches and organizations liable for damages, losses, diseases, illnesses or injuries of any kind that I may incur.

I understand and consent to what is stated on this form.

Adult Chaperone Signature: \_\_\_\_\_

**NFCLYO Registration Forms can also be completed online! Go to [www.nfclyo.org/events.html](http://www.nfclyo.org/events.html).**