



NOVEMBER 16, 2018

7PM-6AM

7-12TH GRADE

Reverb is an all-night youth event put on by Word of Life. It kicks off with a hockey game and is followed by an interactive Amp time with tons of prizes and giveaways, a clear gospel presentation, and a pizza party. Then students stay up all night at venues reserved exclusively for Word of Life groups including bowling, sports facilities, inflatables, arcades, skating, go-carts and much more!

SCHEDULE

7:00PM Hockey Game

9:45PM Gospel Message

10:45PM AMP Time

11:45PM Head to after-midnight activities

3:00AM Transition to 2nd facility

6:00AM Event ends, head home

**PAYMENT AND PERMISSION SLIPS
NEED TO BE IN BY NOV 10**

STANDARD STUDENT TICKET \$55

**BRING AN UNSAVED FRIEND, AND THEY WILL RECEIVE 50% OFF
THEIR TICKET!**

LIVING PROOF YOUTH

- PERMISSION SLIP -

REVERB

Providence, Rhode Island

NOVEMBER 16th, 2018

Meet at Living Proof at 5:30pm

Get picked up at Living Proof at 7:00am

Date: _____

I, _____, mother/father/guardian of _____

grant permission for my daughter/son to attend **REVERB** with Living Proof Church. I understand the children will be transported by leaders of Living Proof Church by Van and or Car. I have health / medical / hospitalization insurance coverage for my child and agree that is primary to any coverage that the Church might carry. I know of no allergies to foods or drink that my child has except..._____ nor does she/he need any special care except..._____.

Health Provider _____

Policy # _____

Primary Physician _____ Town _____

I recognize that this activity is for the benefit and enjoyment of my child and is part of the ministry of the Living Proof Church.

I may be reached at _____ (phone number) in case of an

emergency. If I am not available you can contact _____ (name).

at _____ (phone number).

I give my authorization for the chaperon to seek any medical assistance he/she deems necessary in the event of an accident or illness to the above named child.

Mother/Father/Guardian Signature

Activity leaders may be contacted directly in case of emergency. Pastor Patrick McCue 860-377-0314

REVERB

THE BEST ALL-NIGHT OUTREACH EVENT ON THE PLANET



PERMISSION SLIP

Student: _____

Phone number: _____

Emergency number: _____

I give my permission for my child to participate in the Word of Life REVERB. In the event that my child would need emergency medical treatment, I give permission for the adults in charge of the group to secure the necessary treatment to protect the life and health of my child. I understand that I will be contacted before any medical treatment is begun except where a delay in treatment would not be in the best interest of my child.

Special medical information that should be noted:

Parent/Guardian Signature: _____

Date: _____