

*Walloon YM*  
*East Jordan YM*  
*Alanson YM*

# **Student Leadership Trip**



**YOUTH LEADERSHIP CONFERENCE**

# **April 4 -6, 2025**

## *Registration Packet*

### **COST**

Deposit: **\$80.00**

*This is to ensure commitment and to help with up-front trip costs.*

Trip cost: **\$80.00 + food on the road**

### **WHAT TO PACK**

- Bible
- Notebook/pen/pencil
- Toiletries/personal hygiene supplies
- Clothes for 2 days, including church clothes
- Towel
- Sleeping bag/bedding
- Pillow
- Optional: inflatable mattress
- Water bottle
- A flexible attitude!

### **WHAT NOT TO PACK**

- Weapons
- A bad attitude!

### **ITEMS TO CONSIDER**

- Extra money for the road
- Gifts/Thank you Cards for our host church

# **ITINERARY**

## **Friday**

9:00 am - Leave the WLCC Parking Lot

12:00 pm - Lunch on the road

5:00 pm - Dinner at Chick-Fil-A in Oswego

5:30-10:15 pm - Evening session at Ignite Conference

10:15 pm - Leave Harvest New Beginnings (HNB) for Western Springs Baptist Church (WSBC)

10:45 pm - Check into WSBC

12:00 am - Lights out

## **Saturday**

6:00 am - Rise & shine at WSBC

6:30 am - Breakfast at WSBC

7:00 am - Leave WSBC for HNB

8:00 am - Arrive at HNB for Day 2 of Ignite Conference

8:30 am-12:30 pm - Morning session at Ignite Conference

12:30-1:00 pm - Lunch provided by Ignite Conference

1:00-4:00 pm - Afternoon session at Ignite Conference

4:30 pm - Leave HNB for Giordano's

4:45 pm - Pick Up Dinner at Giordano's

6:00 pm - Leave Giordano's for WSBC

7:00 pm - Big group game at WSBC

7:30 pm - Next Steps conversation with student leaders at VBC

8:15 pm - Worship with Pastor Josh

8:30 pm - Leave WSBC for late night ice cream!

10:00 pm - Arrive back at WSBC

11:00 pm - Lights out

## **Sunday**

6:15-6:30 - Rise & shine

6:45 am - Breakfast at WSBC

7:15 am - Pack up everything

10:00 am - Attend church service at WSBC

12:00 pm - Leave WSBC for local fast food

1:00 pm - Head home from Western Springs, IL

7:00 pm - Arrive at WLCC

**WALLOON LAKE COMMUNITY CHURCH - YOUTH MINISTRY MEDICAL AND TRANSPORTATION  
RELEASE FROM**

**Student's Name:** \_\_\_\_\_ First Middle  
initial Last

**Address:** \_\_\_\_\_ Street City  
State Zip

**Event and Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian Emergency Contact Information:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
\_\_\_\_\_  
**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
\_\_\_\_\_  
**Relationship:** \_\_\_\_\_

**Name of Emergency Contact Person if above referenced parent/guardian is not available:**  
\_\_\_\_\_  
**Phone #** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

I am the parent or legal guardian of the above named minor child and hereby consent to the minor child's full participation of the above referenced event, including but not limited to, any and all activities/transportation/lodging accommodations for this event, as it pertains to the Walloon Lake Community Church's (WLCC) involvement of said event. (initials\_\_\_\_\_)

Further, I give permission for the above mentioned minor child to ride with a licensed driver that has been approved by WLCC and/or its staff, except for the following person(s):  
\_\_\_\_\_, (initials\_\_\_\_\_)

I further consent that my minor child may be left at a public place such as a school, restaurant, grocery store or where they request. This permission is only revoked when submitted by me in writing and actually received by WLCC.

I understand that, in the event that medical treatment is required, every effort will be made to contact me. However, if I nor the above-referenced emergency contact person(s) cannot be reached, I give my permission to those in charge (youth pastor, leaders, or chaperones) to secure the services of a licensed physician to provide the care necessary, including anesthesia, for the minor's well-being. I agree to assume the cost of any care/services or treatment rendered. I understand this is a legal document and agree to release and hold harmless WLCC, WLCC employees, board members, volunteers, and their members or their insurers or representatives from any liability whatsoever for the above-mentioned event, including but not limited to any transportation to and from the event. I consent to the minor's participation in the activity. I have the authority to sign for the minor, and bind the heirs, representatives, and assigns of the minor.

**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_ (Parent or  
Legal Guardian)

**My Medical Insurance Company:** \_\_\_\_\_ **My**

**Policy Number:** \_\_\_\_\_

**Physician's Name and Phone Number:** \_\_\_\_\_

**Please list any allergies, medications taken, medical problems, or other pertinent information:**

\_\_\_\_\_  
\_\_\_\_\_

**Cost:** \$\_\_\_\_\_ [ATTACHED] [WILL PAY BEFORE \_\_\_\_\_ ]\_\_\_\_\_