

AFTERHOURS Info Package 2025

Welcome to AFTERHOURS 2025! AFTERHOURS is our annual all-nighter event, and arguably our most exciting event each year! It will be jam packed with good food, prizes, contests, giveaways, and tons of activities!

When are we arriving and getting picked up?

The event will run at Ladner Baptist Church Friday November 7th 7pm-7am (must be picked up by 7am)

Will we be sleeping?

The goal is to stay up all night! However, we will have separate areas for guys to sleep and for girls to sleep should they need to. (Zero Tolerance for being in the wrong area! We will make these areas very clear and you will be required to be picked up should you choose to proceed beyond the boundaries!)

What should we bring?

- Bathing suit/towel- We will all be heading to Ladner Leisure Center as our first activity!
- Sleeping bag/pillow if needed
- Anything else that will help you last the night!

What should we NOT bring? (Zero Tolerance items)

- Alcohol/Recreational drugs
- Knives including pocket knives, butterfly blades, and skateboard razor tools (if needed we may supply scissors/knives if needed for something)
- There will be bag checks at the door
- Inappropriate sleepwear to wear throughout the night

Additional rules

- Doors will be locked - if you choose to leave on your own you will not be allowed back. However you are welcome to go with a leader to 7-11, mcdonalds etc!

COST:\$20

FORMS MUST BE SIGNED BY GUARDIAN TO COME TO THE EVENT

Phone: 6044045043

Email: john@ladnerbaptist.ca

EVENT CONSENT FORM

Name of Participant: _____

Telephone: _____

I give permission for my child _____ to attend this event. I understand that my child will be under the care of Ladner Baptist Church volunteers and/or staff during the event.

I hereby understand the nature of risks involved in this event. I hereby release Ladner Baptist Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during the course of this event. In the event of an emergency, I hereby consent to any professional medical treatment that may be needed. My child and I also understand that during the event rules regarding acceptable conduct and attitude will be in place. I hereby agree to pick up my child or pay for the expense of sending my child home early if he or she does not follow these rules.

Name of Parent or Legal Guardian: _____

Signature: _____

Date: _____

Contact # _____

Signature of Participant: _____

Completed Medical Information Form Attached.

_____**YES** _____**NO** _____**NOT REQUIRED**

MEDICAL INFORMATION FORM

Date: _____

Name: _____

Address: _____

Telephone: _____

BC Health Care #: _____

Legal Guardian's Name: _____

Relationship: _____

Address: _____
(if different from above)

Telephone (In case of an Emergency): _____
home/work/cellular (circle one)

Alternate Telephone: _____

Second Contact Name: _____

Relationship: _____

Address: _____

Telephone: _____ home/work/cellular (circle one)

Doctor's Name: _____

Telephone: _____

Allergies, Medication presently taking, or Medical Concerns: