Activity Permission Slip

PARENTAL AGREEMENT

EVERGREEN BIBLE CHURCH - 9600 Mill Plain Blvd. - Vancouver, WA 98664 - (360) 892-5520

EVENT OR ACTIVITY: _____ DATES: _____

NAME OF PARTICIPANT:_____

PHONE:_____

ADDRESS: _____ CITY: _____

STATE & ZIP:_____

NAME OF PARENT(S) OR GUARDIAN (if above is a minor) _____

EMERGENCY NAME AND
PHONE:_____

MEDICAL INSURANCE
INFORMATION:_____

Permission is hereby granted for the above named person to participate in this church sponsored event. In case of accident or injury, permission is granted for medical treatment to be administered, as needed.

I/we acknowledge that, in the event of injury or accident, our own medical insurance takes priority. In the case that I/we are not adequately insured in the case of injury or accident, I/we agree personally to assume the risk for ourselves and our family.

I/we agree to come transport my child home if they disqualify themselves from this event. Disqualification may occur if my child commits a major violation such as inappropriate conduct with the opposite sex, possession and/or use of tobacco, alchohol, or illegal substances, or unwillingness to follow the instructions of the youth leader in charge. The youth leader in charge will determine if disqualification is necessary.

SIGNATURE(S) OF PERSON (OR PARENTS if above is a minor)

_____

_____