

Permission Slip
Zion Lutheran Church, 6-12th Grade Slip n Slide Kickball

PARENTS:

I, a parent or guardian of _____, give my permission for him/her to attend and fully participate in the 6-12th grade Slip n Slide Kickball event being held by Zion Lutheran Church, 3197 Washington Pike, Bridgeville, PA, on Sunday, September 13, 2015. I give permission for his/her photograph / video taken at the event to be used for publicity purposes. I absolve the church, their employees, and volunteers from responsibility for accident or injury which may occur during any aspect of this event. I give permission to the adults in charge to give medication to him/her and to provide or get emergency medical treatment for him/her, and I will be financially responsible for any such treatment.

Parent name (print) _____

Parent/guardian signature _____ Date _____

Parent/Guardian Home Phone _____ Cell Phone _____

Parent/ Guardian e-mail Address _____

Note: As the parent or guardian, you must be available by telephone during the Slip n Slide.

Print name of child _____

STUDENT PARTICIPANT:

Name (print) _____ Gender: _____ Grade: _____

Phone: _____ E-mail: _____

School: _____

Student signature _____ Date _____