

Permission Slip, Liability Waiver, and Medical Authorization

(one form per child must be completed)

Effective for **HVBC Summer Events Schedule for Kids Bowling August 8th-2018, Time 6:30 pm – 8:30pm**

NOTE TO PARENTS: Kids 9 years and under are required to have a parent present to attend. Please dress your child weather appropriate for possible outdoor activities!!!

Child's name _____ **Gender** _____ **Last grade completed** _____

Name of Parent /Guardian: _____ **Relationship:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____

Primary Phone#: _____ **Cell phone #:** _____ **Home church** _____

Crew member or name (*church use only*) _____

Please explain any allergies, dietary and/or medical concerns for your child in the space below:

Functions and activities: I authorize my child to participate in all HVBC Summer Events Schedule for Kids including water activities and any games. INITIAL HERE _____

Publicity: I authorize Hampshire View Baptist Church to take pictures of my child during **HVBC Summer Events Schedule for Kids (HVBC SES4K)**. I also authorize the use of said pictures for the purpose of newsletters, church websites and for other promotional/informational usage. INITIAL HERE _____

Medical Custody Release: I authorize the **HVBC SES4K** Leadership of Hampshire View Baptist to seek and authorize Medical attention in the event my child needs medical care for Emergency or Normative reasons. I understand a first call will be made to the parents/guardians, however, if contact cannot be made on first call, assistance will be authorized by the churches **HVBC SES4K** leaders. INITIAL HERE _____

Release of Liability: By signing this form I understand there are risks associated with all activities including **HVBC SES4K**. I agree not to hold Hampshire View Baptist or any of it's **HVBC SES4K** leadership or other agents liable for any harm that may accidentally occur through the normal course of **HVBC SES4K**. I understand the **HVBC SES4K** leadership will make every reasonable attempt to provide a safe and caring environment for my child. INITIAL HERE _____

Other emergency contacts: (Listing a person indicates they are approved to pick up your child)

1) **Name:** _____ **Relationship:** _____

Primary phone#: _____ **Alternate Number#** _____

2) **Name:** _____ **Relationship:** _____

Primary phone#: _____ **Alternate Number#** _____

Final Approval: I as the parent/guardian agree to the above:

Signature: _____ **Print Name** _____