

**Permission Slip, Liability Waiver, and Medical Authorization**

(one form per child must be completed)

Effective for **HVBC Summer Events Schedule for Kids Mini Golf July 25<sup>th</sup>-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 Summer Events Schedule for Kids**. 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** \_\_\_\_\_