Permission Slip

Event:		
Date/Time of l	Event:	
Place:		
Name:		M
Address:		Age:
_		Grade:
Phone:		
Emergency Co	ntact Person:	
Relation:	Phone:	
	All under 18 need parents or guardian's sign	nature.
permission to understand th reimbursemen	se: In case of illness or injury, The Home of of procure medical treatment for the above at The Home of Christ does not provide ret for medical fees or prescriptions and that and charges arising from illness or injury that	e named minor. I nedical insurance or I am responsible for
personal reprereleasors), her Home of Chris releasees) from of releasees or fully aware of	se as required by our insurance: The undersi- esentatives, assigns, heirs and next of kin (lareby releases, waives, discharges and coven- et church., it's agents, servants and employers in all liability to the releasors for whether cause of the otherwise while participating in activities. If the inherent hazards and hereby elects to participating that may be	herein referred to as nants not to sue The (herein referred to as sed by the negligence The undersigned is participate voluntarily
	nd understand this medical release and liabilitete agreement.	ity release and am in
Signature	Date	