

# Permission Slip

If there are any special needs, please call Pastor Brent's office, well in advance of the event, so that we can plan accordingly. Fill in all blanks, sign it and bring or mail it to:

Rochester Hills Baptist Church 3300 S Livernois Rochester Hills, MI 48307
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or for additional information, please call Pastor Brent, (248) 852-0585.

Name of Event \_\_\_\_\_ YAC-N-SNACS \_\_\_\_\_ Two Sunday nights a month.

Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Gender \_\_\_\_\_

I hereby authorize the participation of the above named student in the activities provided by Rochester Hills Baptist Church. I hereby, release and hold harmless RHBC, it's officers, employees, and agents from all claims and causes of action by reason of any injury which may be sustained as a result of these activities, whether on church premises or on the way to or from these activities.

I agree to direct my child to cooperate and to conform to directions and instructions of personnel of the organization in charge of these activities. I understand that to participate in the YAC-N-SNACs my child needs to be in the Sunday evening service. I understand that my child will not be allowed to participate with the group if he/she does not come to the Sunday evening worship service. I understand that the minimum dress standard is RHCS casual attire. I also understand that if my child fails to abide by the stated rules, he/she may be sent home at my expense, and that he/she may be suspended from this activity for a certain length of time to be determined by Pastor Brent.

After a reasonable attempt to reach me, I hereby give my permission to the physician, nurse or dentist selected by RHBC to select medical or dental aid for illness or injury under physicians order including transportation to and from necessary facilities. As a participant, I understand that RHBC is not obligated to carry any insurance to cover those medical or dental expenses.

Parent or Legal Guardian (signature) \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Parent's Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alternate Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

I agree to follow all directions & directives given by Pastor Brent and our other youth workers.

Student (signature) \_\_\_\_\_

## This permission slip is good through January 2011.