

Permission Slip
GRACE BAPTIST CHURCH
2010 - 2011

In consideration for _____ being accepted for all activities to be held by Grace Baptist Church on or off church premises during the period of September 1, 2010 through August 31, 2011, we (I) do hereby release, forever discharge and agree to hold harmless Grace Baptist Church at 5050 Middlebranch Avenue NE of Canton, Ohio; its pastors, directors, Awana leaders and youth leaders from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while said child is participating in the above described activities. Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of our (my) child(ren)'s participation in recreation and work activities involved therein.

We (I) are/am the parent(s) or legal guardian(s) of this/these participant(s), and hereby grant permission for him/her/them to participate fully in any trip/event and hereby give permission to the pastors, directors and/or youth leaders involved to take said participant(s) to a doctor or hospital for authorized emergency treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. I also understand that every attempt will be made to notify us (me) or the emergency person listed below in such an emergency. Furthermore, should it be necessary for the participant(s) to return home due to medical reasons, disciplinary action or otherwise, we (I) assume all transportation costs involved.

Signature of Parent or Legal Guardian: _____	Dated _____
Father's Name: _____	In Case Neither Parent Is Available:
Mother's Name: _____	Name: _____
Address: _____	Relationship: _____
City, State, Zip: _____	Phone: _____
Home Phone: _____	Cell Phone: _____
Work Phone: _____	
Cell Phone: _____	

Name of Insurance Company: _____ Phone: _____

Allergies, Special Medication, etc.: _____

Doctor's Name: _____ Phone: _____

Local Hospital Preferred: _____

*****Parents, please fill out a separate permission slip for each clubber.**