

Leighton Church Youth Group Bowling Party Permission Slip

EVENT: Bowling Party

DATE & TIME OF EVENT: Saturday, February 2, 2019

EVENT LOCATION: Rock 'n' Bowl – Wayland (Formerly Airport Lanes)

EVENT COORDINATOR: Brian Smith

PARTICIPANT NAME(S) & AGE(S):

NAME OF PARENT(S)/GUARDIAN(S): _____

PARENT/GUARDIAN PHONE/CELL #: _____

Please list the number we can call for an emergency situation.

MEDICAL INFORMATION:

Please list any medical information about your child/children coordinators need to be aware of including name of insurance company and policy group number.

ALLERGIES: _____

I give my permission for the above named participant(s) to be transported from Leighton Church to Wayland and back to Leighton Church. I also give permission for the youth leader listed above to provide medical attention if necessary. I agree not to hold Leighton Church, the youth leaders, or church staff liable for any injuries that may occur to my child/children or will not hold them responsible for any costs that may be incurred to provide medical attention to my child/children if needed. Technology is allowed and I understand that my child brings it at their own risk to damage or loss

Parent/Guardian

Date