

NORTHWOOD BAPTIST CHURCH

EVENT: _____

DATE: _____

Student's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____

My child has permission to participate in the event listed above. My permission is hereby granted to obtain medical attention deemed necessary by the Adult Leaders or medical facility. I grant permission for pictures or videos taken of my child while attending the above event to be displayed or used in future services or promotion. I will assume financial responsibility for damages caused by my child as well as any costs involved in returning early due to disciplinary or medical reasons.

Student's signature indicates their agreeing to follow all travel guidelines. Failure to follow these guidelines may result in loss of travel privileges.

Parent Signature: _____

Student Signature: _____