

Fairview Avenue BIC Permission Form

NAME: _____

ADDRESS: _____

PHONE: _____ AGE: _____ GRADE: _____

Emergency Contact Person & Phone # _____

I give permission for _____ to go bowling Wed., Dec. 28.

I give permission to youth leaders to provide medical assistance as they deem necessary. I release them from financial & legal responsibility.

Parent's signature

Date

If you do not have a Health Information Survey on file with the leaders of youth group, please obtain a copy to complete prior to this event. Contact the church, 762-3079, office@fabicchurch.org, or download one from www.fabicchurch.org.

FABIC, Feb. 2007

Fairview Avenue BIC Permission Form

NAME: _____

ADDRESS: _____

PHONE: _____ AGE: _____ GRADE: _____

Emergency Contact Person & Phone # _____

I give permission for _____ to go bowling Wed., Dec. 28.

I give permission to youth leaders to provide medical assistance as they deem necessary. I release them from financial & legal responsibility.

Parent's signature

Date

If you do not have a Health Information Survey on file with the leaders of youth group, please obtain a copy to complete prior to this event. Contact the church, 762-3079, office@fabicchurch.org, or download one from www.fabicchurch.org.

FABIC, Feb. 2007