



Parent Info

Date-	Thursday, June 10 th
Drop-off time-	8.30 am
Drop-off place-	Youth House 247
Cost-	\$ 15.00
Food/Drink -	provided during lunch Pizza/Soft Drinks
Spending \$\$-	if student wants drinks or snacks before or after lunch they need to bring money
Needed Items-	bathing suit & towel
Pick-up time-	4.00 pm
Pick-up place-	Youth House 247

* Students must submit permission form to attend.



Permission/Registration Form
Event: Nashville Shores-2010

Student's Name Birthdate: Grade:
Address City Gender:
State Zip Phone (h) (parent cell)

Mother's Name Phone (h) (w)
Father's Name Phone (h) (w)
Emergency Contact (other than parent) Phone

has my permission to attend the following
Name of Student
Nashville Shores June 10, 2010 sponsored by Church on the Hill
Name of Activity Dates

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child. I/We have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by a student ministries staff member.

Date
Parent/Guardian Signature:

Insurance Co. Policy #
Group #: Insurance Co. Phone #:
Physician Office Phone
Please list any known allergies:

Please list any medications taken on a regular basis and what they're treating:
for