

PERMISSION SLIP

I give _____ permission to participate in this Harbor Christian Church Youth event(s).

I authorize the helpers of Harbor Christian Church, specifically Leah Suzanne Dewey to act as my agent in obtaining emergency medical aid deemed necessary should my youth be injured or become ill in anyway.

I understand that responsible care will be given to my youth. And so, I waive and release any and all claims of damages I may have against Harbor Christian Church, its adult leaders, or its representatives.

I understand that this permission slip lasts for one year from the signature date for all events at Harbor Christian Church designed for the Youth.

Parent or guardian's signature _____

Address _____

Date _____ Phone _____

Alt. Emergency number _____

Doctor's name and number _____