



Event Permission Slip

Event Name: _____ Date(s): _____

Register by handing in your Permission Slip to Sam Tidball or by sending permission slip to Vineyard Youth at: **Vineyard Youth 2275 Platt Road Ann Arbor, MI 48104**

Name: Sex

Address Grade:

Phone Birthday Payment Included? \$

permission to participate, release of liability, and medical release

I (we) _____, parent(s)/guardian(s) of _____, give permission for the above named child to participate in any activities or trips conducted by the vineyard youth ministry, it's staff, or representatives in 2016-2017. I release Vineyard Church of Ann Arbor and its staff and sponsors from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I authorize the church staff (Sam Tidball) or sponsors to consent to any emergency medical treatment such as: X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, dentist or other medical professional (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Emergency Contact Phone Number(s) _____

Parent/Guardian Signature _____ Date _____

Please list any current medical conditions and/or allergies:

Please list any prescription medicine needed for this event: