

Activity Permission Form

Grace Baptist Church, 202 N. Kincaid Ave. Wilson NC 27893

I hereby give _____ my permission to participate with
Grace Baptist Church in the:

_____.

I understand transportation will be provided by adults from Grace Baptist Church.

My child and I are both aware that there are certain risks associated with any activity and we accept those risks.

My child agrees to obey all the rules and regulations established by the leaders of this activity.

- I have a current Medical Permission and Release Form on file for the current year. (We must have a notarized Medical Permission and Release Form on file before your child will be allowed to participate in the above event. It is the parent's responsibility to make certain that any changes are recorded on a new form. If you have not completed this form, please contact the church office.)

In the event of any emergency, I give my permission for the leaders of this event to seek medical treatment of my child. This is indicated on the notarized Medical Permission and Release Form which the leaders will have in their possession.

Signature of Parent or Guardian

Alternate Emergency Contact

Phone Number: _____

Phone Number: _____

Phone Number: _____

Phone Number: _____

DATE: _____