



PERMISSION SLIP

Name _____ Male _____ Female _____ Date _____

Resident Address _____

Street/PO Box _____ City _____ State _____ Zip _____

Mailing Address _____

Street/PO Box _____ City _____ State _____ Zip _____

Birth Date _____ Parent/Guardian _____ Home Phone _____

Relative or Friend 1. Name _____ Phone _____

2. Name _____ Phone _____

MEDICAL INFORMATION

Medical insurance Company _____ Policy Number _____

Company Address _____

Street/PO Box _____ City _____ State _____ Zip _____

List any physical limitations that might hinder your active participation (migraine headaches, allergies, ect.) _____

Should your child require medical attention, list any special instructions which you might require and would be helpful to a physician (rare blood type, allergies to certain drugs such as penicillin, ect.) _____

MEDICAL AND SURGICAL WAIVER

To be filled out by the parents or legal guardians of young people under 18 years of age.

I, _____, the parent and/or guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to participate in all activities at the R.O.C. at Central Baptist Church through May 31, 2015.

In the event there arises an emergency, or necessity requiring medical or surgical attention, I hereby consent and give my permission to the R.O.C. staff of Central Baptist Church of Crestview, Florida or supervising adults for any attending physician to make such decision and to perform such medical treatment and/or surgery upon said minor which may in their sole discretion be necessary and proper under the circumstances. (Every attempt will be made to contact parents and/or guardians FIRST!)

I, the undersigned parent and/or guardian of _____, a minor, do release, acquit, discharge and covenant to hold harmless the Central Baptist Church Staff, Central Baptist Church R.O.C. personnel, Central Baptist Church of Crestview, Florida or its representatives, or the counselors during the above stated activity. This agreement includes all activities conducted by the R.O.C. staff or volunteers on duty. I understand that these activities may include but not limited to basketball, volleyball, hockey, swimming, weightlifting, and/or racquetball.

Parent and/or Guardian _____ Date _____

Address _____

State of Florida

County of Okaloosa

The foregoing instrument was acknowledged before me this _____ day of _____ in the year _____ by _____ who personally appeared and who is personally known to me or who has produced _____ as identification.

SEAL

Notary Public, State of Florida