

Big Sky Bible Camp 2017

Easthaven Baptist Church Permission Slip

I, _____, the parent/guardian of _____ age _____
give my permission for my son/daughter to accompany **Mitch Block** along with other
Youth Mentors to the Big Sky Bible Camp, from **October 27th-October 29th**. **We**
will meet at the church at 5:30pm, Friday, October 27th and return to the church at 12:30pm on
Sunday, October 29th. The cost for this event will be **\$40.00**.

I understand that there are potential risks involved in this event, as they will be sledding, and do not hold Easthaven Baptist Church and its leaders responsible for any potential harm due to the nature of this event.

I give my permission to Easthaven Baptist Church and its leaders to authorize any necessary medical procedures for my child, which may be required in an emergency situation.

Parents Name: _____ Signature: _____

Phone number where you can be reached: (____) _____

If you can't be reached, we should call: _____ at: (____) _____

Youth's Name: _____

Medical Insurance Carrier: _____

Insurance Number: _____

Preferred Physician: _____

Medication Being Taken: _____

Allergies: _____

Pictures taken of your son/daughter during this event, may be used for promotion on EBC social media sites, ie: (Facebook, Instagram, etc.)

Yes, I Grant Permission _____

No, I Do Not Grant Permission _____