

Permission Slip

If there are any special needs, please call Pastor Brent's office, well in advance of the event, so that we can plan accordingly. Fill in all blanks, sign it and bring or mail it to:

Rochester Hills Baptist Church
3300 S Livernois
Rochester Hills, MI 48307

or for additional information, please call Pastor Brent.

Name of Event _____ Soulwinning _____ Weekly on Wednesdays from 4:00 p.m. until 7:00 p.m.

Student Name _____

Grade _____ Gender _____

I hereby authorize the participation of the above named student in the activities provided by Rochester Hills Baptist Church. I hereby, release and hold harmless RHBC, it's officers, employees, and agents from all claims and causes of action by reason of any injury which may be sustained as a result of these activities, whether on church premises or on the way to or from these activities.

I agree to direct my child to cooperate and to conform to directions and instructions of personnel of the organization in charge of these activities. I understand that to participate in the Teen Soulwinning program, my child needs to be active in the youth ministry of Rochester Hills Baptist Church. I understand that the minimum dress standard is RHCS school day attire. I understand that my child will not be allowed to go with the group if he/she does not stay for the TAG TEAM youth meeting on Wednesday evening. I also understand that if my child fails to abide by the stated rules, he/she may be sent home at my expense, and that he/she may suspended from this activity for a certain length of time to be determined by Pastor Brent.

After a reasonable attempt to reach me, I hereby give my permission to the physician, nurse or dentist selected by RHBC to select medical or dental aid for illness or injury under physicians order including transportation to and from necessary facilities. As a participant, I understand that RHBC is not obligated to carry any insurance to cover those medical or dental expenses.

Parent or Legal Guardian (signature) _____ Date _____

Insurance Company _____ Policy No. _____

Parent's Phone _____ Cell Phone _____

Alternate Contact Name _____ Phone _____

I agree to follow all directions & directives given by Pastor Brent and our other youth workers.

Student (signature) _____

This permission slip is good through August 2009.