

sr. high connect

AKRON BAPTIST TEMPLE

2324 Manchester Road, Akron, OH 44314

(330) 745-8824

ACTIVITY PERMISSION FORM

LIFT CAMP 2009

Department/Group sponsoring the activity: Senior High Connect/ Crossroads

Date: July 20-24, 2009

Place: Cedarville Unviersity / Cedarville Ohio

Time of departure from church: 8am July 20th

Time beginning if activity is at church: N/A

Approximate time of return to church: 4pm on July 24

Time ending if activity is at church: N/A

Contact person responsible for this activity: Jason Knight

Contact phone number: 330-618-7212

Cost: \$250

Tear off and return this portion of the form with your child. Keep top portion for your information.

_____ has my permission to attend with the

(Child's Name)

Senior High the following activity: **LIFT CAMP 2009**

on (date): **July 20- 24, 2009**

*check this box to verify that the participant above has a current, signed medical release form on file at the Akron Baptist Temple. **Note: Child may not attend if the medical form is not on file.***
check this box to give the participant above permission to leave the activity before it is schedule to end, either driving themselves, or leaving with another person. Name of Person they can leave event with:

(Person's Name)

I understand the arrangements and also believe that necessary precautions and plans for the care and supervision of my child during the trip/activity will be taken. Beyond this, we will not hold the Akron Baptist Temple or those supervising the trip/activity responsible.

Parent/Guardian

Signature: _____

Date: _____

Number where you can be reached during the hours of this activity:

Phone: _____

Mobile: _____
