

sr. high connect

ABT

2324 Manchester Road, Akron, OH 44314

(330) 745-8824

ACTIVITY PERMISSION FORM

Paintball

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

Date: Saturday, October 10, 2009 Place: Splatter Park in Mt Gilead, OH

Time leaving the church: 8:00am

Time returning to church: 6:00pm

Contact person responsible for this activity: Jason Knight

Contact phone number: 330-618-7212

Cost: \$10.00

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: **Paintball @ Splatter Park**

on (date): **Saturday, October 10, 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: _____