



PERMISSION SLIP

PLEASE READ THIS SLIP CAREFULLY, FILL OUT COMPLETELY, SIGN AND RETURN BY DAY OF ACTIVITY.

YOUR CHILD(REN) MUST HAVE A SIGNED PERMISSION SLIP IN ORDER TO ATTEND.

THANK YOU.

NAME: _____ **D.O.B.:** _____

NAME: _____ **D.O.B.:** _____

NAME: _____ **D.O.B.:** _____

NAME _____ **D.O.B.:** _____

I, _____ as parent/guardian of the above named child(ren), give him/her/them permission to participate in the Bowling Outing June 12, 2015 during the Colorado State Council. I release the host church, Colorado Springs Apostolic Church, the Colorado State Council, and the Pentecostal Assemblies of the World (P.A.W.) and its representatives from any liability in the event of an accident enroute, during, or returning from Boulder Park Outing. I also authorize them to obtain any emergency medical attention that may be required for my child(ren).

SIGNED: _____ **DATE:** _____ **PARENT/GUARDIAN**

PARENT/GUARDIAN: _____
Please Print

MOBILE PHONE NUMBER: _____

NAME OF CHURCH: _____

SPECIAL MEDICAL NEEDS

Are there any specific or special medical needs that we should be aware of for your child? Please list them below along with any information that could be helpful. If you should need more space please write on the back of this form.

Thank you.