

Smash the Mask!

All Night Teen Revival, Monday 28th December 2009

Unit B, Enterprise Business Park, Innishmore, Ballincollig, Cork. (021) 4871234

PERMISSION SLIP

- My teen has my permission to attend the **Teen All Night Revival**
- My teen will not leave the event unless collected personally by me
- My teenager will obey the leaders at this event
- The Teen Director has my permission to take my teen to the Doctor or Hospital if the need arises. The Director will make every effort to contact me

As a parent/legal guardian of _____, I have reviewed the information about the **Teen All Night Revival** event, and give permission for my teenager to be involved in the overall activities.

I/We have reviewed the rules of the activities and agree that teenager will abide them. I/We also acknowledge that if the teenager has to return home early for any reason, I/We will come to collect them.

I/We understand all reasonable safety precautions will be taken at all times by **Bible Baptist Church of Ballincollig** and its agents during the events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold **Bible Baptist Church of Ballincollig**, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the teenager of this form.

Parent/Guardian Name (Please Print)

Teen's Name

Parent /Guardian Signature

Date

Address:

Mobile Phone: _____

Please list any allergies and/or medical conditions the teenager may have. Also list any prescription medication he/she may be taking at this time.