

Day Permission Slip – For Kids 17 & under

(This may not be used for an overnight trip)

**** Only use if last original form was used in error ****

**** Take Information off of an original & fill in ****

Event name: _____

Event Contact: _____

Cell #: _____

Pickup Time: _____

Pick Up Location: _____

***** Please cut at dotted line & give top portion to parent*****

Calvary Chapel Morris Hills – “Day Trip” Permission Slip

If you are under 18 years of age please have this form filled out and signed by your parent/guardian so that you will be able to participate.

We/I _____ the parents and/or authorized legal guardian of _____ hereby consent to our child participating in the following activity with Calvary Chapel, Dover, NJ:

Event Name:

Event Date:

Event Description:

Parent/Guardian Notes:

In consideration of said Calvary Chapel permitting our child to participate in the aforesaid activity, we hereby agree to indemnify and save harmless said Calvary Chapel, its officers, volunteers, adult chaperones, employees, and agents against any and all claims for loss or liability incurred by, or caused to our child as a result of said activity. If I cannot be reached, I grant permission to any physician or emergency medical personnel to render medical treatment as necessary.

Sign Name : _____ Print Name: _____

Emergency Phone Number (s): _____ Today’s Date: _____