



Norwood Bible Church  
5865 Templeton Gap  
Colorado Springs, CO 80918

**Participation Permission Slip**  
**Please Print All Information**

**TO BE COMPLETED BY PARENT/GUARDIAN:**

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number where a parent/guardian can be reached during this event: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Any known allergies or instructions \_\_\_\_\_

Event: <Event Organizer Provide Description>

I hereby give my permission for the above named student to participate in event described above. I understand that \_\_\_\_\_ will provide transportation and supervision. I will not hold Norwood Bible Church or the supervising adults liable for any accident or injury to my child that may occur during this event, or theft/damage to any personal property.

Pick-up Location and Time:

Cost:

Guardian Contact Information:

> Home:

> Cell:

Parent/Guardian signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**Emergency Authorization:**

I hereby give permission to the medical personnel selected by the adult in charge to order x-rays, routine tests and treatments for my child to receive emergency medical treatment as deemed necessary by a licensed physician.

Parent/Guardian signature: \_\_\_\_\_

Date signed: \_\_\_\_\_