

CHURCH OF THE NAZARENE

PERMISSION FORM

I give permission for my child, _____, to attend
Child's Name

_____ held at _____,
Church Overnighter Event Willard Church of the Nazarene Place

_____ on _____ from _____
Willard, Ohio City/State 12/30/09 – 12/31/09 Date 8:00pm – 7:00am Time

Please pick your child up at the church at _____
7:00am Time

I also give permission for my child to ride in any vehicle designated by the adult in whose care the child has been entrusted. I hereby release, exonerate Church of the Nazarene and its staff and volunteers from any responsibility and liability in case of an accident and injury, or illness incurred or sustained.

Parent/Guardian's Signature Date

Phone number where parent can be reached in case of an emergency: _____

Other Information

Cost: FREE

Please make sure you have a medical release form signed and turned in as well.

If you have any questions, give me (James) a call at 567.224.0064.