

BLAST Student Ministries

Court Street Baptist Church – 129 Court St – Auburn, ME 04210
Permission and Medical Form

Activity: BLAST Off! Laser Tag

Date & Location of Activity: 9/15/17, 6-8, 106 Center Minot Hill Rd, Minot, ME

(Permission Slip can be used for up to four [4] children, for additional forms, contact church office)

Child 1: _____ Grade: _____

Child 2: _____ Grade: _____

Child 3: _____ Grade: _____

Child 4: _____ Grade: _____

Address: _____

Phone Number: _____

I hereby grant permission for my child(ren) to participate in the above activity of BLAST Student Ministries. I understand that my child participates in these activities at their own risk and that BLAST Student Ministries, its sponsoring organizations and its adult supervisors are not liable for any injury personal or otherwise to my child or caused by my child. Should any problems arise concerning the behavior of my child that would require them to return home prior to the end of the activity, I will pay for his or her return or come pick my child up.

I recognize that BLAST Student Ministries uses photographs and video images of events in our publicity materials such as social networking sites or other online resources, newspapers, and newsletters and I hereby grant permission for photo/video images of my child to be taken and used for such purposes.

I authorize the treatment, by a qualified and licensed medical doctor, of the minor listed above in the event of any medical emergency which, in the opinion of the attending physician, is necessary and I/we cannot be reached after reasonable effort has been made to secure my personal consent.

I am responsible for any medical expenses.

Signed: _____ Date: _____

(Parent or legal guardian)

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Other Pertinent Contact Information: _____

Additional Emergency Contact: _____

Additional Emergency Contact: _____