

EPI C UTH M I N I S T R I E S
BRIMHALL ROAD A/G
Permission Slip

Participant Name: _____ Age: _____

FREE SUMMER YOUTH PROGRAM
WEEKLY- TUESDAY_WEDNESDAY_THURSDAY 11AM TO 4PM
JUNE 23 THROUGH AUGUST 13

Cost = \$100*

**includes all activities and materials.
Students will need to bring their lunch daily
or money to purchase lunch.*

I hereby grant permission for my child to participate in the above-described activity and agree to indemnify and hold harmless the Brimhall Road Assembly of God Church, their officers and employees, from any and all liability for injury which may be suffered by my child, arising from or in any way connected with his/her participation in the activity named above. I understand that if I do not personally drive my child to and from the activity, that my child will be transported to and from the trip in the personal car of a parent and/or church employee or transported in the church van or bus. In case of emergency, I give my permission for my child to be treated in a hospital, clinic, by private physician, or other emergency facility as deemed necessary.

Signed: _____ Date: _____
(parent or guardian)