

South River Baptist Church

Church Activity Permission Form

I, _____, give permission for _____, to
Parent/Guardian's Name *Name of Child / Youth*
take part in the _____ activity sponsored by South River Baptist
Activity
Church on _____. I am fully aware that there will be ample supervision for this event. I have
Date of Activity
completed and witnessed the notarization of a *Medical / Liability Release Form* for my child. By signing this permission slip, I am confirming that the information on his/her *Medical / Liability Release Form* is current and up to date. I understand that in the unlikely event of an accident or emergency that my child will receive adequate care based upon the information previously given.

Parent/Legal Guardian Signature: _____

Emergency Contact Name & Phone Number: _____

2659 South Chipley Ford Rd • Statesville, NC 28625 • Phone: (704) 876-1520 • Fax: (704) 876-6580

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