

BCC YOUTH PERMISSION SLIP

As a parent/legal guardian of _____, I have reviewed the information about the **Powder Ridge Snow Tubing** event, and give permission for the subject of this release to be involved in the overall activities.

I/We have reviewed the rules of the activities and agree that the subject of this release will abide them. I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.

I/We understand all reasonable safety precautions will be taken at all times by Buffalo Covenant Church and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Buffalo Covenant Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Name (Please Print): _____

Student Name: _____ Grade: _____

Student Birthdate: _____/_____/_____

Parent /Guardian Signature: _____ Date: ____/____/_____

Address/City/Zip: _____

(H) Phone #: _____ (W) Phone #: _____

Emergency Contact: _____ Phone #: _____

Health/Med. Ins. Co: _____.

Policy Number: _____

Allergies: _____

Prescription Medications being taken at this time: _____
