## **Timberview Youth Group Permission Slip**

i	ent/guardian of	. hereby give
permission for my child to particip		
on		
off-site. The group will depart Tim	berview Church at	and return to
Timberview by	·	
By my signature below, I hereby g Timberview Church, and I indemn and event volunteers from any an addition, I give my permission tha Timberview Church for youth min	ify and hold-harmless Timbervi d all liability for injury or accide t any pictures or videos taken o	ew Church and its employees ent during the event. In
Signature of parent/guardian		Date
In case of emergency, please noti	fy the parent/guardian at the	following number:
		following number:
	Phone Number	
In case of emergency, please noti  Name:  Secondary contact  Child's Physician	Phone Number Phone Number	_
Name:Secondary contactChild's PhysicianAdditional information we need to	Phone Number Phone Number Phone Number	(medications, allergies, etc.)