

Church of Christ at SouthCentral

FIELD ACTIVITY PERMIT

TO: Parents
FROM: Minister Darryl B. Bowdre

SUBJECT: Church Sponsored Activity

I agree to allow my son/daughter, _____
to participate in the church sponsored activity listed below.

Destination and purpose of activity _____

Date _____ Time _____ Activity End Time _____

I understand that the activity will take place at _____
Normal precautions will be taken in the interest of safety and well-being. It is understood however, that neither the Church of Christ at SouthCentral nor any church sponsor thereof will be held liable for any accident, injury, or illness that might occur.

The privilege to participate in this activity carries with it the obligation for a student to conduct himself in such a way that credit will be reflected upon the student, the church, and the home which is represented. Correct dress and behavior for this particular activity will be observed.

In case of accident or sudden illness I authorize a representative of the Church of Christ at SouthCentral to refer the above named child to available medical service.

Further details:

Please sign and return to the sponsor, _____

no later than _____
(Date)

Parent or Guardian _____

Phone Number _____
(Home) _____ (Work) _____

OVER

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Name of Parent(s) _____

Child's Birthdate _____

Emergency Contacts:

Name _____ Number _____

Name _____ Number _____

Name _____ Number _____