

Child's name: _____ BC Care card number: _____
Age/Grade: _____ / _____ Allergies/health concerns _____
Parent's Name: _____ Contact info (phone numbers) _____

LAZER TAG 2019 NIGHT- \$15 a person

I, _____ (parent/guardian), hereby give my child, _____, permission to participate in the **LAZER TAG 2019 NIGHT** with Sardis Fellowship Baptist Church's youth program on **WEDNESDAY, FEB 27th 2019** starting at **6:15pm SHARP (Meeting at the church)** and ending at **9pm (Get picked up at the church)**. I hereby give Sardis Fellowship church personnel (volunteer and paid) the authority to act on my behalf in case of an emergency and to authorize treatment for my child if necessary, if I cannot be reached (parent will be notified immediately), understanding that I am financially responsible. I hereby release Sardis Fellowship Baptist Church and its personnel (volunteer and paid), and the owners of the vehicles, property and buildings being used, from all claims for damages asking from any accidents or injury caused by my child's participation in the **LAZER TAG 2019 NIGHT** activities.

Signature: (Parent/Guardian) _____ Date: _____

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