## Youth Group of First Christian Reformed Church 1010 Front Street Lynden, WA 98264

Church Tel. 360-354-4560 Dan's Cell 360-927-9722

I give my permission for my son(s) or daughter(s),

	(Student's Nan	me)
to participate in:		
	(Name of Ever	nt)
on/from:		<del>-</del>
	(Activity Date or I	Dates)
	_	not permitted on this, or any activity with 1 <sup>st</sup> all he or she be found in possession of any of
Should a medical emergency arise, the lenecessary medical care for my son or date. Church, its employees, and volunteers again.	eaders or supervisors ughter. I agree to def gainst any claim or ac	an of my child for the duration of this event. of the event have my permission to obtain any fend and indemnify 1 <sup>st</sup> Christian Reformed ction that might arise on behalf of myself or my s misconduct of 1 <sup>st</sup> Christian Reformed Church, it
(Parent's Signature)		(Date)
(Home Phone)		(Work Phone)
Address:		
(Street)	(City)	(Zip code)
Insurance:		
(Company Name)		(Group Number)
Allergies:		

\*Please make all check payable to 1st Christian Reformed Church