

## PERMISSION SLIP

(If you are under 18 you **MUST** have this signed to attend!!)

**START DATE:** Friday September 19<sup>th</sup> 2014 **TIME:** Meet and leave Gateway City Church, 267 Bay Ridge Avenue at 6:45PM to leave promptly at 7:00PM We will return the approximately 11:00 PM.

**END DATE** Saturday September 20<sup>th</sup> 2014 **TIME:** 8:30AM

As a parent/legal guardian of \_\_\_\_\_, I understand the information about the Ice Skating Trip to Aviator Sports Complex in Brooklyn, NY, followed by the Lock-in (sleepover) at Gateway City Church and give permission for the subject of this release to be involved in the overall activities.

I/We will 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 **GATEWAY CITY CHURCH** and **FRONTLINE** agents during the outing and all activities at the Lock-in. I/We agree **not** to hold **GATEWAY CITY CHURCH** and **FRONTLINE YOUTH**, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

\_\_\_\_\_  
*Parent/Guardian's Name (Please Print)*

\_\_\_\_\_  
*Child's Name (Please Print)*

\_\_\_\_\_  
*Parent /Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address/City/Zip*

\_\_\_\_\_  
*(W) Phone #*

\_\_\_\_\_  
*(H) Phone #*

\_\_\_\_\_  
*Health/Med. Ins. Co.*

\_\_\_\_\_  
*Policy Number*

Please list on back of this Release Statement any allergies and/or medical conditions the subject of this release may have. Also list any prescription medication he/she may be taking at this time.

For any questions call Pastor John 917-698-1759 or Lisa 609 442-8191