

## Resistance Youth Group Permission Slip

Activity: What'z Up Park & Slip-N-Slide Kickball

Date: July 28, 2018

Departure Time: Saturday, July 28, 2018 at 11am

More Information on this activity (if needed): We will meet at your nearest Refiner's Fire campus and load up the vehicle to head to What'z Up Park in Seven Points. We will participate in the activities there and head to RF Eustace for a cookout and Slip-N-Slide kickball. Eustace parents can pick up teens at RF Eustace. Ennis parents can pick up teens at RF Ennis around 830pm.

I, \_\_\_\_\_ (printed name of parent/guardian) being the parent or legal guardian of \_\_\_\_\_ (printed name of minor) have been informed of the above activity sponsored by Refiner's Fire Ministries and hereby give my consent for my minor child/children to participate in this activity. I understand that they will be in vehicles driven by members of Refiner's Fire Ministries. I understand that the rules of the Resistance Youth program will be in effect at all times during the trip.

*I release and discharge Refiner's Fire Ministries and from any liability resulting from any claims of action for personal injury or medical expenses that may arise during travel. I further agree not hold Refiner's Fire Ministries liable for any injurious actions endured on the part of my son or daughter while he/she is on the field trip.*

Name of Youth: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Alternate Name and Phone Number: \_\_\_\_\_

Private Doctor Name and Phone Number: \_\_\_\_\_

Insurance Company Name and Policy # \_\_\_\_\_

Please List any Medical Information (allergies, medication, illnesses, etc.)

\_\_\_\_\_  
\_\_\_\_\_

My Signature below authorizes the youth group leader(s) to secure proper medical attention and/or hospitalization of my child in the event of a medical emergency. I expect every effort will be made to contact me prior to such action and, if this is not possible, I will be notified as soon as possible.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE NOTE: NO STUDENT WILL BE ALLOWED TO ATTEND FIELD TRIP WITHOUT THIS FORM BEING SIGNED AND RETURNED.**