

# **PNOW 2009**

**When? Jan 30-Feb 1**

**Where? The church @ 5:30  
on Jan 30<sup>th</sup>**

**How much? \$60**

**more info? 540-338-6400  
cwelch@purbap.org**



# STUDENT PERMISSION SLIP

Siblings from same household may fill out one permission slip.

STUDENT(S) NAME	D.O.B.	Grade	Shirt Size (Adult S,M,L,XL)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

List **two** friends you'd like to stay with: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_-\_\_\_\_ PARENT CELL: \_\_\_\_\_

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_  
\_\_\_\_\_ to participate in (event) \_\_\_\_\_

on (dates) \_\_\_\_\_ at (place) \_\_\_\_\_.

We, (I) being 18 years of age or older, do hereby waive release, forever discharge and agree to hold harmless and indemnify *Purcellville Baptist Church* and it's officers, trustees, agents, instructors, volunteers, contributors, church leadership and the members of Purcellville Baptist Church from any and all liability, claims or demands for personal injury, sickness or death, and property damage of any nature whatsoever arising either from the improper or negligent acts arising out of, or connected with my students participation in this event which may be incurred by the guardian and the student participating in (event name)

We, (I) also assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

We, (I) are the parents or legal guardians of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, *disciplinary action or otherwise*, we (I) hereby assume all transportation costs.

**Hospital Insurance:**  Yes  No

\_\_\_\_\_  
**Insurance Company**

\_\_\_\_\_  
**Policy #**

\_\_\_\_\_  
**Physician's Name**

\_\_\_\_\_  
**Physician's Phone**

\_\_\_\_\_  
**Emergency Contact(s)**

\_\_\_\_\_  
**Phone#**

\_\_\_\_\_  
**Parent or Guardian**

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

**Please list any allergies or special medical problems your student may have:**