

FUSION Youth Group Permission Slip

LASER TAG

Saturday, November 16, 2012

I give permission for my child _____
to go to StraTAGem Laser Mission (10315 Van's Dr. Frankfort, IL 60423) with the FUSION
Youth Group, Grant Park, IL on **Saturday, November 16, 2013 from 1:30pm-3:00pm.**

Youth are to meet at 12:30pm am and be picked up at 3:45pm at St. Peters.

I understand that adults will be chaperoning. I understand the risks involved, give
permission for my minor child/ward to participate in this trip, and agree to hold St. Peter's UCC,
trip organizers, and chaperones harmless from any and all injury that may result as a part of my
child's/ward's participation in this event. I also grant permission for the adult group leaders or
other emergency personnel to provide emergency or medical treatment as may be deemed
appropriate or necessary in the case of an illness or injury.

Signed (parent or legal guardian): _____

Date: ____/____/____

Name of Health Insurance Company: _____

Policy Number: _____

Allergies or medications that may affect my child: _____

(Please attach any medical information beneficial for the chaperones to know.)

In case of an emergency, please contact: _____

Relationship: _____ **Phone Number:** _____

Covenant of Those Participating:

I understand the involved risks that I am assuming for this event and agree to hold St. Peter's
UCC, trip organizers and chaperones, harmless from any and all injury that may result as
participant in this event. I will follow the instructions of the chaperones.

**Inappropriate or disrespectful behavior could result in my parent/guardian
being called and asked to take me home.**

Signature of Participant: _____

Date: ____/____/____ **Age:** _____ **Date of Birth:** _____

Permission Slips are Due by Sunday, November 3, 2013
with Payment (\$25 per student)

NO EXCEPTIONS ☹