

TRINITY ASSEMBLY, INC.

205 W. Wall Street, Algood, Tennessee 38506
(931) 537-9830

ACTIVITY PERMISSION SLIP

NAME _____ MALE FEMALE
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE NO. _____ AGE _____ GRADE _____

ACTIVITY: _____

CAN THIS PERSON SWIM? YES NO

I understand that if my child cannot swim they will **not** be allowed in the pool without a leader present and will not be allowed in the deep part of the pool or where the water is over their head.

MEDICAL RELEASE In the event of an emergency where medical treatment is required, I give my permission to the staff or sponsor to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

PLEASE LIST ANY SPECIAL MEDICAL INFORMATION (Allergies, Diabetes, etc.) _____

My son/daughter has my permission to participate in this Trinity Assembly, Inc. activity. I hereby assume the risk of any accidents or incidents—and hereby agree to release Trinity Assembly, Inc. from any responsibility or liability whatsoever.

Signed: _____ Work Phone _____ Date _____
(PARENT OR LEGAL GUARDIAN)