SNOW TUBING @ GREEK PEAK-1/5/13 YOUTH GROUP PERMISSION SLIP

Release and Waiver of Liability:		
],	, parent/guardían	of
	,	rmission for my child to participate in
the youth trip to Greek Peak, 2000 New Y	· · · ,	, ,
2013.   understand that the event is an off-s		
on Saturday January 5th and that we will re	,	,
I hereby release, waive, discharge and relinq		,
volunteers from any and all liability for injury		, -
that any pictures or videos taken of my child		•
promotion.		ğ ş
,		
(Signature of parent/guardian)	(Date)	
PLEASE COMPLETE THE FOLLO	WING and REUTE	RN BY December 30th
	_	
	SERVE YOUR S	<u> PO1</u>
• Child's name:		
• School & Grade:		_
• E-mail:		
•In case of emergency, please notify the pa	rent/guardian at the follo	owing phone number:
• In case parent/guardían cannot be reache	•	owing person:
Name:		
Relationship to child:		
5 15		
• Personal Physician:		
Name:		
Phone #:		
<ul> <li>Additional information about your child the</li> </ul>	nat you feel we should kno	ow in case of an emergency (allergies,
medications, etc.):		