

TRINITY ASSEMBLY, INC.

ACTIVITY PERMISSION SLIP

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

NAME _____ PHONE NO. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

MALE FEMALE AGE _____ GRADE _____

ACTIVITY: _____

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)