

Resurrection Life Church **Girls Lock In** Registration/Permission Slip

Student Info:

First and Last Name: _____ Student Contact: _____

Birthday: _____ Grade: 6th ___ 7th ___ 8th ___ 9th ___ 10th ___ 11th ___ 12th ___

Food/Other Allergies/Medical Conditions: _____

Please Explain: _____

Parent/Guardian Info:

Parent First and Last Name: _____

Contact Phone: _____ Contact Email: _____

Emergency Contact (Other Than Parent, One Contact Required, Two Optional):

First/Last Name: _____ Contact Phone: _____ Relationship _____

First/Last Name: _____ Contact Phone: _____ Relationship _____

Parental/Guardian Permission:

- I (parent/ legal guardian) give permission for my child, named above, to attend Resurrection Life Church's Girls' Lock-In event held on March 2-3, 2018 and to fully participate in all aspects of the event. I will not hold Resurrection Life Church responsible in case of injury or illness. I give permission for trained medical personnel to provide routine medical care and/or emergency medical treatment and I authorize Resurrection Life Chaperones to sign consent forms for such treatment. I give permission for Resurrection Life volunteers to transport my child if necessary.

- I/we hereby grant Resurrection Life Church - Cadillac, the irrevocable and unrestricted right to use, reproduce and publish photographs or videos of my/our student/s taken during this event, including their image and likeness for Resurrection Life Church - Cadillac's advertising, website(s), or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I/we hereby release Resurrection Life Church - Cadillac and its officers, employees, agents, legal representatives, and assigns from any and all claims.

Parent/Legal Guardian Signature: _____ Date: _____