

Event Permission Slip

Royal Rangers

I understand this event will include the following marked boxes below:

- I understand that photographs will be taken at this event and used for Ranger purposes
- I understand that that my child will be riding in a church vehicle
- I understand that that my child will be riding in a personal vehicle
- I understand that that my child will be swimming

Swimming Ability: _____

- I understand that that my child will be participating in activities with Archery
 - I understand that that my child will be participating in activities with BB Guns
 - I understand that that my child will be participating in activities with Small Bore Rifles
 - I understand that that my child will be participating in activities with Black Powder Rifles
 - Other Activities
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As the parent or guardian, I have read the above activities and I am giving my child permission to attend this event.

In case we cannot be reached during an Emergency, I (we) the undersigned give permission for our child to be treated by a licensed physician, and for said physician to administer whatever care is necessary, including anesthesia, for their safety and care.

By signing this form, I realize the risk of an injury occurring during this event or program and that Central Assembly of God or it's volunteers are not responsible/held liable for any injury occurring while at this event or program.

Name of Parent or Guardian _____

Date _____

Signature of Parent or Guardian _____



Event Permission Slip

Royal Rangers

Event Information (Filled out by Ranger Commanders)

Event Name: _____

Event Location: _____

Event Date: _____

Description of Event:

Child's Information:

Child's Name: _____

Parent's Contact Phone Number: _____

Alternate Phone Number: _____

Special Notes: (Ex: Medication, Allergies, etc.)

Please read and sign the back.

