Activity: Foot Golf	When: May 21 (After the Ever	21 (After the Evening Service) <u>Pick up time 9:00 pm at the Church</u>		
Where: Brookside Golf Cours	e <b>Cost:</b> \$8	Cost: \$8		
	d appropriate. Follow these guid G <b>uys</b> – No cut-off shirts. Pants of		-	
□ I acknowledge that	the medical information on file ;	for my child/children	is up to date and current.	
Students Name:		Parent Contact #:		
Activity: Foot	Golf	Date:	May 21	
	tend the above-named activity, which mergency medical care, and hereby giv			
	aptist Church and its volunteers of any n connection with participation in the		causes of actions, claims, expenses,	
DateSignature of Custodial Parent/Guardian				
Activity: Foot Golf	When: May 21 (After the Ever	ning Service) <u>Pick up</u>	time 9:00 pm at the Church	
Where: Brookside Golf Cours	e <b>Cost:</b> \$8			
	d appropriate. Follow these guid Guys – No cut-off shirts. Pants of			
□ I acknowledge that	the medical information on file ;	for my child/children	is up to date and current.	
Students Name:		Parent Contact #:		
Activity: Foot	Golf	Date:	May 21	
injury I desire that he/she receive en leaders and/or medical personnel.	tend the above-named activity, which mergency medical care, and hereby giv	ve my permission for the	necessary treatment by activity	
	aptist Church and its volunteers of any n connection with participation in the		causes of actions, claims, expenses,	

Signature of Custodial Parent/Guardian

Date\_\_\_\_\_



