

# Lancaster Presbyterian Church



## Youth Group Permission Slip—Football Game (grades 5 and up)

**Event:** Football Game at The Flats

**Date/Time:** Saturday, November 11<sup>th</sup>; Meet at the church at 10:00am, walk to the Flats for a game of football. Pick up at the church at 1:00pm.  
(WEATHER PERMITTING—light rain=yes, heavy rain=no)

**Name of Student:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Number:** \_\_\_\_\_

My child, \_\_\_\_\_ has permission to attend the field trip at the location listed above with the Lancaster Presbyterian Church. I understand that my child will be transported in either the church vehicle or a volunteers' vehicle.

I understand that in any activity there are inherent risks and do not hold Lancaster Presbyterian Church or its volunteers liable.

In case of emergency, I am listing my medical insurance information and authorize permission to treat.

**Please specify any allergies, concerns, or special needs** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Insurance:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

I, \_\_\_\_\_, hereby GRANT DO NOT GRANT (please circle one) permission for my child, \_\_\_\_\_, to be photographed in public settings during the foot ball game and the photographs be used by Lancaster Presbyterian Church in digital or print forms for both informational and promotional purposes.

\_\_\_\_\_  
(parent/guardian signature)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact Information:**

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