eight | twelve students
permission / registration form

event: **Reality Weekend** 2012 (Benton, AR)

student's names: _____ _____ gender: _____
Last First

address: _____ birth date: _____

city: _____ state:_____ zip: _____ grade: _____

phone: _____

mother's name: _____ phone: (c) _____

father's name: _____ phone: (c) _____

emergency contact (other than parent) _____ phone _____

.....

_____ has my permission to attend the following activity,
Name of student

Reality Weekend 2012 sponsored by Sharon Baptist Church and other churches in Saline County on
Name of activity

January 21 – 23.
Dates

I _____ do hereby give full permission for the above to attend **Reality Weekend 2010** and to take part in all activities. I do not hold Sharon Baptist Church Personnel and/or Sponsors responsible for any accident or illness; and if necessary, authorize Sharon Baptist Church Personnel and/or Sponsors to act as guardian and care giver to my child while he/she is on a trip, should a medical emergency arise. I also give my permission for my child to stay overnight with Sharon Baptist Church members.

Parent/guardian signature: _____ ***Date***:_____