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MBM YOUTH

FRI AUG 13 | ROOTY HILL RSL | \$18.95

for years 7-9 [for 2 games]

PERMISSION NOTE

(Bring signed on the night)

Name of Child/ren:

My signature below indicates my willingness to permit my child/ren to participate fully in a youth activity associated with the parish of St. Albans MBM Rooty Hill, being 'Laser Skirmish', Aug 13. In the case of a medical emergency, I hereby give permission to the doctor chosen by the youth pastor/ leader, to secure proper treatment for and/or order hospitalisation, injection, anaesthetic or surgery for my child/ren named. I understand that every effort will be made to contact me prior instituting such procedures.

Cost \$18.95 (per child)

Enclosed \$ _____

Parent/Guardian Signature:

_____ Date: _____