

_____ has my permission to participate in the bowling youth event.

Parent or Guardian

name _____

Phone _____

Emergency contact _____ Phone _____

Child's doctor _____ Phone _____

Any allergies or medical conditions we should know about? _____

**My child has permission to ride to/from (event name) with name _____ phone # _____

I also agree not to hold RiverTree Church or it's employees or volunteers liable for damages, losses, or injuries that might occur to the above participant(s). I also give my permission for the above participant(s) to be treated medically in the event of an emergency, accident or illness.

Signature _____ Date _____

5857 Highview Drive, Milford

Travis Periman 513-623-7708