

Rowan Annual Session Youth Fellowship Day
Zion Baptist Church - 807 Piedmont Street, Reidsville, NC 27320
Phone: (336) 349-3380

Permission Slip and Release of Liability

I _____ give my child / youth _____ permission to participate in the Rowan Baptist Association's YOUTH DAY with Rev. Santes Beatty and the leaders of my church _____ and other youth leaders. I am aware that my child will have transportation provided by the church, will participate and bowling, eat with the group and share in our water fun activities. Some of this may involve strenuous physical activity, they may get wet, but none of which is harmful to the body. As a parent/guardian, I will share any valid food or dietary restrictions that may impact their participation in Youth Day and release Rowan Baptist Association and Zion Baptist Church from all liability.

Parent/Guardian (Print) _____ Parent /Guardian Signature _____
Date _____ Emergency Phone Number _____
Dietary Restrictions or Health Concerns _____

Rowan Annual Session Youth Fellowship Day
Zion Baptist Church - 807 Piedmont Street, Reidsville, NC 27320
Phone: (336) 349-3380

Permission Slip and Release of Liability

I _____ give my child / youth _____ permission to participate in the Rowan Baptist Association's YOUTH DAY with Rev. Santes Beatty and the leaders of my church _____ and other youth leaders. I am aware that my child will have transportation provided by the church, will participate and bowling, eat with the group and share in our water fun activities. Some of this may involve strenuous physical activity, they may get wet, but none of which is harmful to the body. As a parent/guardian, I will share any valid food or dietary restrictions that may impact their participation in Youth Day and release Rowan Baptist Association and Zion Baptist Church from all liability.

Parent/Guardian (Print) _____ Parent /Guardian Signature _____
Date _____ Emergency Phone Number _____
Dietary Restrictions or Health Concerns _____