



*Permission Form*

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(participant's name)

has my permission to attend and participate in the following  
Galilee Baptist sponsored FBIC event:

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(date & time)

and receive emergency medical treatment if deemed necessary.

Parent's name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

I will be a chaperone

I will be a chauffer and have space for \_\_\_\_\_ people, including myself

I am willing to be a DOC (Driver On Call) if needed

Special note(s):