

YAS/KOINONIA MINISTRIES at WNCC PERMISSION/WAIVER FORM

I give permission for, _____, to attend the below stated activity with the Koinonia YAS Ministry at West Newbury Congregational Church. Also, I affirm the parental guardian signature on the Master Permission Slip and agree to the information stated on that document, such as address, various phone numbers, allergies, medical conditions, medical insurance information, emergency contact information and any medications that my child might be taking currently.

Place: Lazercraze

1600 Osgood Street

North Andover, MA 01845

Date: Tuesday, March 2, 2010

Time: 6-9 pm

Cost: \$11 for one session and \$19 for 2 sessions

Transportation : Pick and Drop off at Lazercraze

Signature of Parent/Legal Guardian

Date

Print Name of Parent/Legal Guardian

Check here if you wish to chaperone

Please list any current medications your child is taking not written on the Master permission slip (prescription or over the counter).

Please list any necessary information that has changed or is not on the Master Permission Slip.
