

GEBC Summer Camp 2012

PERMISSION SLIP

Student Name

Student Street Address

Student City, State & Zip

Parent Cell Numbers

(to notify on exact return time on July 31)

Parents' Names

Parent Email Address

Insurance Company Name

Insurance Company ID#

If a visitor, name of student who invited you



I give my permission for (student name) _____ to participate in all activities of the JH & SH Summer Camp to Crossings at the Creek. Furthermore, I agree to hold neither Glen Ellyn Bible Church nor Crossings at the Creek and/or any of their paid or volunteer staff members liable for accident or injury incurred during the JH & SH Summer Camp.

I also give my permission for the paid and/or volunteer staff of Glen Ellyn Bible Church and the selected medical personnel of Crossings at the Creek to provide all medical treatments deemed necessary during the JH & SH Summer Camp. I agree to assume responsibility for the costs of any and all medical treatment administered.

Further, I grant GEBC permission to use graphics/photos taken at any GEBC Student Ministry activity on a royalty-free bases; to post the image on the GEBC website and any other GEBC publication as deemed necessary for the express purpose of ministry advertisement, ministry edification, information dissemination or general church programming. Specific names will not be identified.

Parent's Signature

Date

Student Ministries of Glen Ellyn Bible Church

501 Hillside Avenue • Glen Ellyn, IL 60137 • 630.469.2964