



TAB Summer Adventures Events Permission Slip

This permission slip covers all of the following events during 2022:

- June 22nd – Summer Kick-Off BBQ (6-9pm)
- June 29th – Drive and Seek (6-9pm)
- July 3rd – S.L.A.P. (12-2pm)
- July 6th – Among Us: Live (6-9pm)
- July 20th – Ice(cream)capades (6-9pm)
- * July 27th – Cutthroat Kitchen: Desserts (6-9pm)
- * July 31st – S.L.A.P. (12-2pm)
- * August 3rd – Baptisms and Picnic (6-8pm)
- * August 10th – Clue-tograph (6-9pm)

Questions can be directed to Pastor Alex Gorrod (509)250-2966 or reogorrod@gmail.com

Student Information		
Last Name:	First Name:	
Grade:	Age:	Gender: M F
Phone:	Email:	
Address:	City:	
Zip Code:		

Parent / Guardian Information	
Name(s):	Email:
Home Phone:	Other Phone:

Medical Information	
Health Card #:	Health Card Expiration Date:
Medical Conditions or Allergies: <small>(Please make special note of food allergies)</small>	Medication(s) Currently Being Taken: <small>(Please note medication names and times taken)</small>

Student
I promise to abide by all rules and plans set forth by the leaders of The TAB Youth/Goldendale New Life during the course of this event.
Signature: _____ Date: _____

Parent
<p>I/we are the legal guardian(s)/parent(s) of the student named above and hereby give my/our permission for the named student to participate in the above named events with the leaders of The TAB Youth/Goldendale New Life and to hold harmless and release Goldendale New Life and it's agents, employees, and volunteers from any and all liability whatsoever arising out of injury, sickness or damage which may be sustained by my child during the course of his/her attendance of these youth events. I/we also am/are aware the pictures will be taken at these events and I/we am/are willing to allow Goldendale New Life to use them on their website, youtube, on flyers, in the church, and display them during youth nights. Goldendale New Life will remove any picture that I/we do not want displayed.</p> <p>I/We, the undersigned parent(s) or guardian do hereby authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my/our child's health, if I/We cannot be contacted. I/We give my/our permission at the youth staff's discretion, to administer Tylenol, ibuprofen, or antacid to my child. I/We also understand that temporary emergency measures may be necessary to safeguard my/our child's health and do hereby authorize and request youth staff to administer such treatment and do any procedure they deem necessary until such time as my/our child can be safely transported to a doctor or a hospital.</p>
Signature: _____ Date: _____