

Abundant Life Christian Fellowship **Permission Slip – SKO 2011**

Please complete this Permission Slip completely. No child or youth can participate in the activity described unless they have a completed permission slip. Thanks.

SKO 2011: Students (12-19 years old) will experience a night full of fun, excitement, and no sleep! The event formerly known as SKO is an all night lock-in to mourn the first days of school. The night will be marked with games, competitions, music, prizes, and ... no sleep. Each student is encouraged to bring a \$10 donation to help cover the cost of food / refreshments. No alcohol, tobacco, or generally illegal substances allowed. Bad language will be frowned upon and met with the look of disapproval: ☹_☹

Event Location: Abundant Life Christian Fellowship, 3003 York Rd, Everett, WA 98204

Pre-Registration (opens 9/11/2010): <http://www.singleword.net/sko/>

Event Questions: Nick Hauenstein, Youth Pastor: nick@singleword.net | 425.345.7665

Date & Time: **Friday, Sept 23rd 8:30 PM through Saturday Sept 23rd 7:00 AM**

I give permission for my 12-19 year old son / daughter to participate in the above described event.
(Please print)

Participant's Name:

Parent / Guardian's Name:

Address:

Medical Information

Are there any medical conditions, including allergies, that we should be aware of while your son / daughter is attending If "yes" please describe on the back of this form. Include any instructions regarding medications.

Emergency Medical Care Release

In the event it should become necessary for my son / daughter to receive emergency medical care and I am unable to be contacted or to contact me immediately would cause a potentially harmful delay in treatment, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my child's health.

I also authorize the administration of care by church staff for my son / daughter in the event of minor illness or injury. (Example: applying ice, providing Tylenol, applying antiseptic and bandages to minor cuts, sprains, etc.)

Parent's Signature:

Phone Number(s) () _____

Alternate # () _____