



FOSSIL - Salem Bible Youth Ministry

Salem Bible Church 8031 Salem Bible Church Rd. Macungie, PA 18062

Permission Form for Ministry Year 2020-2021

Student Name: _____ Grade: _____

Address: _____ School: _____

Best Phone # to call: _____

Parent E-Mail: _____

Preferred method of contact (circle one): Phone E-Mail Facebook Other: _____

Emergency Contact: _____

Phone No. of Contact: _____

Comments or Medical Information: _____

I give my permission for my youth to participate in Salem youth group events and activities within the ministry year of September 2020 through August 2021. If emergency medical treatment is required, I give permission to the church staff or youth volunteer leaders to obtain the services of a safety team member or a licensed medical staff. I will be notified as soon as possible concerning any such emergency. I understand that while Salem staff and volunteers will do their best to insure my child's safety, they cannot take responsibility for any injuries to my child that are reasonably beyond their control.

Please Check if you give consent:

I hereby consent to the use of any photograph of my child/dependent/self, and/or any copies of this photograph and any editorial and/or promotional material produced and/or published by Salem Bible Ministries. I understand that checking the box on this release does not guarantee publication of any photo.

Signature: _____ Print: _____

(Parent or Guardian)

Date: _____