



**Event: Sledding**

**Location: Across the street from Calvary Temple (620-34th St.)**

**Date: Thursday, February 8, 2018—for Seekers & Adventurers**

**Date: Thursday, February 15, 2018—for Explorers & Discoverers**

**Time: 6:30 pm - 8:00 pm**

**Chaperones: BG Club Staff and volunteer parents**

**Name of Child: \_\_\_\_\_**

**I give consent for my child, as named above, to attend the BG Club special event.**

I understand that all precautions are taken for the safety and health of my child, but in the event of accident or sickness, Calvary Temple, it's staff, and it's volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays, or treatment, the parents/guardians will be notified immediately. In case of surgical emergency, I hereby give permission to the physician selected by Calvary Temple to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

**Parent Signature: \_\_\_\_\_**

**The following information needs to filled out for any child who is NOT registered with Calvary Temple BG Club.**

**Medical Reg. # \_\_\_\_\_**

**Personal Health ID # \_\_\_\_\_**

**Name of Parent(s)/Guardian(s) \_\_\_\_\_**

**Phone number where you can be reached \_\_\_\_\_**