

**I give permission for my son/daughter _____
to attend _____ on _____
with Trinity Lutheran Church. I will allow for any medical
attention deemed necessary by a physician should my child be
injured during this event.**

Signature of Parent or Guardian

Home Phone # _____ Work/Cell #: _____

Alternate Contact: _____ Phone #: _____

Insurance Company: _____

Policy/Group Number: _____

I am able to participate as a driver for this event:

- Yes - # seats available (not including driver) _____**
- No**