

EVENT NAME: **Pitch-Black**
EVENT DATE: **Saturday, October 24th**

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|------------------------------|-------|
| ** Office Use Only ** | |
| Deposit Rec'd | _____ |
| Check# | _____ |
| Balance Rec'd | _____ |
| Check # | _____ |

**MOUNT OLIVET ASSEMBLY OF GOD
PERMISSION FORM**

| | | |
|---------------|------------------|-----------------------|
| NAME _____ | BIRTHDATE: _____ | GRADE _____ |
| # _____ | | |
| ADDRESS _____ | | |
| CITY _____ | STATE _____ | ZIP _____ PHONE _____ |

I give permission for above-named child to join 1 of Mount Olivet Assembly of God on the 2 at/to 3 on 4.
I understand that the group will be traveling by 5. I also understand that the cost of 6 includes 7 and that additional information on 8.
(Event Information listed at the bottom)

This permission slip is required. Your child will not be allowed to attend the event without it.
 This permission slip is for the leader's information only. It is requested that it be returned, although your child will be able to attend the event without it.

| | |
|--|------------------------------|
| MEDICAL INFORMATION | |
| ALLERGIES _____ | PHYSICAL LIMITATIONS _____ |
| MEDICATION BEING TAKEN _____ | |
| MEDICAL INSURANCE COMPANY _____ | POLICY # _____ |
| I agree that the staff member or adult in charge is authorized to solicit medical care in the best interest of my child in case of an emergency arising during the course of said minor's attendance at the aforesaid function. I further understand and agree that my medical insurance coverage or other applicable insurance coverage is the primary coverage for the protection of my child and that any insurance coverage provided by Mount Olivet Assembly of God is secondary. | |
| SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ | |
| DATE _____ | EMERGENCY PHONE NUMBER _____ |

-----**TEAR OFF AND RETURN UPPER PORTION**-----

EVENT INFORMATION

- | | |
|---------------------|---|
| 1. Name of Group | <u>United180 Student Ministry 7th - 12th grade</u> |
| 1. Name of Activity | <u>Pitch-Black Corn Maze</u> |
| 1. Location | <u>Minnesota Harvest Corn Maze, Jordan, Minnesota</u> |
| 1. Dates and Time | <u>Saturday, October 24th 6:00-10:30pm</u> |
| 1. Transportation | <u>Bus Private Vehicle</u> |
| 1. Cost | <u>\$10</u> |
| 1. Included in Cost | <u>Transportation and Event</u> |
| 1. Additional Items | <u>Meet at Mount Olivet at 6:00pm; pick up from Mount Olivet at 10:30pm; wear warm clothing</u> |