
PERMISSION SLIP

South Coast

CHRISTIAN ASSEMBLY
31501 AVENIDA LOS CERRITOS
SAN JUAN CAPISTRANO, CA 240-4777

THIS PERMISSION SLIP SHOULD BE COMPLETED BY A PARENT/GUARDIAN FOR ANY ACTIVITY, OTHER THAN A REGULARLY SCHEDULED SERVICE, AT WHICH THEIR MINOR WILL PARTICIPATE. IT IS TO BE KEPT BY THE LEADER OF SUCH ACTIVITY. THE LEADER OF SUCH ACTIVITY SHOULD FILL IN THE APPROPRIATE BLANKS.

I give permission for my son/daughter _____ (name of minor)

to attend and to be transported to and from the following activity:

_____ (name of activity)

_____ (location of activity)

_____ (dates of activity)

_____ (emergency contact # if available at location of activity)

_____ (location, date, and time minors are to be dropped off)

_____ (location, date, and time minors are to be picked up)

I understand that my son/daughter will be under the supervision of representatives of South Coast Christian Assembly. I also understand that I am to drop off and pick up my son/daughter promptly at the location and times indicated. If I have any questions,

I may contact the church at 240-4777 or the leader of this activity, _____

(name of leader), at _____ (leader's phone #).

I have read, understand, and agree to this permission slip:

Signed: _____ Date: _____

Hm. Phone: _____ Wk. Phone: _____ Other #: _____

The church department sponsoring this event is: _____