

Kalahari Water Park

Middle School Waterpark Outreach

COST \$25

THIS INCLUDES SWIMMING, PIZZA AND A DRINK!

February 25

9-3 pm

BEFC PERMISSION SLIP & MEDICAL RELEASE FORM

Name: _____ Age _____ Grade _____

Address: _____ City _____

Parents / Guardian names: _____

Cell phone-Mom _____ Cell phone-Dad _____ Home _____

Emergency Contact person: _____ Cell phone _____

Medical Concerns _____ Insurance _____ Physician _____

I, the parent or guardian of _____ authorizes their participation in the **MS Swimming Trip** sponsored by Bible EFC on **February 25, 2012**. I authorize their participation in all activities including swimming. I release and indemnify Bible EFC of Tomah WI, its employees, volunteers, and staff from any claims to liability arising out of participation. I understand that reasonable care will be taken to insure my child safety. In case of medical emergency, I give permission to Bible EFC representatives to select a physician and to secure treatment for my child.

Signature of Parent/Guardian _____ Date: _____