

CLUB 56 LOCK IN PERMISSION FORM

Please print this form, fill in, attach check for \$15 and mail (VPC, 124 Park Street, NE, Vienna, VA 22180) or hand in to Daryl Wright by March 7, 2012. Checks should be made out to VPC.

Please list your name and up to two friends you would like in your laser tag group.

I _____ plan on attending the Club 56 Lock-In on 3/9/2012.

I would like _____ and

_____ to be in my laser tag group.

VIENNA PRESBYTERIAN CHURCH PERMISSION AND MEDICAL RELEASE FORM

I do hereby give my permission for _____ to attend the CLUB 56 Lock-In on 3/09/12. If the above referenced child becomes ill or sustains injury during this event, I give my permission for those in charge to administer first-aid. I also consent to an x-ray examination, anesthetic, medical or surgical diagnosis and treatment, hospital care, and the administration of drugs or medicine to be rendered to my child under the general or specialized supervision, and upon the advice of a duly licensed physician and/or surgeon.

Parent/Guardian Signature _____ Date _____

Home Phone _____ Cell Phone _____

Parent's email address: _____

Emergency contact on 3/09/12 _____ relationship _____

Home phone _____ Cell Phone _____