



HCPAC YOUTH ACTIVITY PERMISSION SLIP

I give permission for my student, _____, to attend Summer Serve Days with the HCPAC youth this summer. Summer Serve Days 2018 will be held on Mondays and Thursdays from June 18-August 16, from 9:00AM-4:00PM. While most serve activities will be held on campus at HCPAC, I understand that my student will occasionally be transported to and from the HCPAC Campus by an adult leader (all approved drivers are over the age of 21 and have a copy of their driver's license and insurance information on file at HCPAC). ***When off-campus activities are planned, parents will be notified ahead of time and may request that their student not participate on that day or for that particular activity.**

I understand that all reasonable safety precautions will be taken at all times by the HCPAC staff and volunteer adult leaders. I hereby grant authorization and consent for Harrisburg Christian Performing Arts Center (HCPAC) personnel to administer general first aid treatment for any minor injuries or illnesses experienced by my minor child. If the injury or illness is life threatening or in need of emergency treatment, I grant authority to HCPAC personnel to seek medical attention on my behalf. I agree to assume financial responsibility for all expenses resulting from such care.

Harrisburg Christian Performing Arts Center has my permission to use my/my child's photograph publicly to promote HCPAC. I understand that the images may be used in print publications, online publications, presentations, websites, t-shirts and social media. I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian Name _____ Signature _____

Home Phone Number _____ Cell Phone Number _____

STUDENT INFORMATION (please print clearly):

Name _____ Cell Phone Number _____

EMERGENCY CONTACT #1 (if parent/guardian cannot be reached) Name/Number:

EMERGENCY CONTACT #2 (if parent/guardian cannot be reached) Name/Number:

PERSON(S) OTHER THAN PARENT/GUARDIAN AUTHORIZED TO PICK UP STUDENT:

Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____