



**PERMISSION SLIP
EPISCOPAL DIOCESE OF OREGON CHILDREN'S DAY**

Please fill out the front half and make copies of both sides for every child/teen age under the age of 18. A signed permission slip for every child/teen must be sent in with your church's registration.

Please check the event your congregation will be attending:

_____ Children's Day at the Cathedral: Saturday, February 23 at Trinity Cathedral

_____ Children's Day at the Coast: Saturday, April 5 at St. Luke's by the Sea, Waldport

INFORMATION ABOUT YOUR CONGREGATION:

Name of congregation _____

Mailing address of congregation _____

City _____ Zip _____ Phone number _____

INFORMATION ABOUT YOUR CONGREGATION'S CONTACT PERSON:

Name _____ E-mail _____

Mailing address _____

City _____ Zip _____ Phone number _____

Please have parents fill out the information on the back.

Please check the event your child will be attending:

_____ Children's Day at the Cathedral: Saturday, February 23 at Trinity Cathedral

_____ Children's Day at the Coast: Saturday, April 5 at St. Luke's by the Sea, Waldport

INFORMATION ABOUT CHILD (to be filled out by child's parent or guardian):

Child's name _____ Age _____ Grade _____

Child's mailing address _____

City _____ Zip _____ Phone number _____

Name of parent/guardian _____

Parent/guardian e-mail _____ Phone number _____

Emergency Contact _____ Phone number _____

Food allergies, medical conditions, or other special needs _____

I give permission for this child to participate in the 2008 Children's Day at the Cathedral and/or Children's Day at the Coast as indicated above. I do hereby release, hold harmless and covenant not to sue the Episcopal Diocese of Oregon, Trinity Cathedral, St. Luke's by the Sea and all employees and volunteer leaders involved in this event. Nor shall said persons be held financially responsible for any injury, illness, or death incurred as a direct result of this activity. I recognize the risks involved, understand all terms, and consent to these conditions. I remain fully liable for any legal responsibilities that may result from actions taken by my child. I give permission for my child to be photographed participating in this event. In the event of an emergency, and I cannot be contacted, I hereby authorize emergency treatment to be administered.

Signature of parent/guardian _____ Date _____



