

EVENT PERMISSION SLIP

XStream & HSM Student Ministries/Calvary Baptist Church
Information Confidential

I, _____, the legal Parent/Guardian of
_____ do hereby release XStream//HSM/CBC
and their representatives from any and all liability in case of accident or illness.

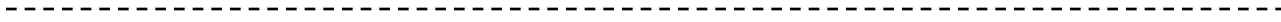
My child has permission to participate in _____
with – **XStream/HSM/CBC** on the following date(s) _____

Emergency contact (cell#, etc.): _____

In the event I can't be reached please call: _____
(name)

They can be reached at the following phone #: _____
(number)

Date: _____ **Signature of Parent/Guardian:** _____



EVENT PERMISSION SLIP

XStream & HSM Student Ministries/Calvary Baptist Church
Information Confidential

I, _____, the legal Parent/Guardian of
_____ do hereby release XStream//HSM/CBC
and their representatives from any and all liability in case of accident or illness.

My child has permission to participate in _____
with – **XStream/HSM/CBC** on the following date(s) _____

Emergency contact (cell#, etc.): _____

In the event I can't be reached please call: _____
(name)

They can be reached at the following phone #: _____
(number)

Date: _____ **Signature of Parent/Guardian:** _____