



PASTOR, KARLTON DIXON

**Parental Permission Slip
Youth Ministry Program**

Parental/Guardian Permission Required for Participants Under Age 17.	
Facilitator	Esther Sturdivant Gallieshaw, EdS, LPC, NCC Licensed Professional Counselor & National Certified Counselor
Topics	Dating, Relationships, Peer Pressure, & Self Esteem
When	Saturday, September 11, 2010
Time	10:30 a.m. – 12:30 p.m.
Where	Life Living Ministries, Pastor, Karlton Dixon
Address	7303 Firelane Road, Columbia, South Carolina 29223
Contacts	Lisa Dixon – (803) 865-9050 or Spectrum Family Solutions – (803) 238-8852 or http://www.spectrumfamilysolutions.com
Space is limited. Please RSVP. Refreshments will be served.	

Participant Name (please print): _____

Birth date: _____

I, _____, legal parent/guardian for the above named participant, give permission for my teenager to attend and participate in activities related to “Dancing in the key of Life”, as indicated in the listed topics. I understand that a separate permission form must be completed for each child in attendance.

Medical Release to Grant Consent

Workshop sponsors do not anticipate any emergencies, during this event; however, they cannot predict the future. I hereby request and authorize workshop sponsors to call 911, if they deem necessary, should my child become ill or incapacitated while attending this event. I understand that I should be reachable, by telephone, in case of such an emergency.

Signature of Parent or Legal Guardian **Printed name of Parent or Guardian** **Date**

Allergies

My child has no known allergies. _____ My child has allergies. See list below: _____

Signature of Parent or Legal Guardian **Printed name of Parent or Guardian** **Date**

Conduct Statement

I have discussed this event with my teenager and we both understand that misconduct will not be tolerated and may result in dismissal from this event. Additionally, I understand that (1) adult leaders will supervise this event and (2) my son/daughter will be responsible for his/her belongings during that time. I hereby release ALL sponsors and its supervisors, employees, and/or representatives from all liability and/or claims related to liability of participant’s personal property and valuables (e.g. theft of money and the like) that are not directly related to participation in this event.

Signature of Parent or Legal Guardian **Printed name of Parent or Guardian** **Date**

Emergency Contact

I can be reached at the following telephone number, during this time that “Dancing in the Key of Life” is in session.

Home: _____ Cell: _____ Other: _____