

# Permission Form

# The Difference Brethren In Christ Youth

Event Alive Christian Music Festival 2011 (learn more at [www.alive.org](http://www.alive.org))

Location Atwood Lake Resort, Mineral City OH

Date/Time Thursday, June 23 (all day) and Saturday, June 25 (all day)

Transportation for this activity will be provided by authorized adult chaperones of The Difference using personal vehicles. However, ***your child will not be chaperoned while at the event.*** Please review the Festival website ([www.alive.org](http://www.alive.org)) to understand the nature of the event.

This signed permission form is valid only if a current Medical and General Information Form is on file for each named student. The Medical and General Information Form need only be completed once per calendar year unless any information requires updating. Additional copies of this form may be downloaded from [www.TheDifferenceBIC.org/Forms](http://www.TheDifferenceBIC.org/Forms).

As the parent or legal guardian of \_\_\_\_\_, I hereby grant permission for the named student(s) to participate fully in the activity described above. Furthermore, I confirm that each named student's Medical and General Information Form remains current.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# Permission Form

# The Difference Brethren In Christ Youth

Event Alive Christian Music Festival 2011 (learn more at [www.alive.org](http://www.alive.org))

Location Atwood Lake Resort, Mineral City OH

Date/Time Thursday, June 23 (all day) and Saturday, June 25 (all day)

Transportation for this activity will be provided by authorized adult chaperones of The Difference using personal vehicles. However, ***your child will not be chaperoned while at the event.*** Please review the Festival website ([www.alive.org](http://www.alive.org)) to understand the nature of the event.

This signed permission form is valid only if a current Medical and General Information Form is on file for each named student. The Medical and General Information Form need only be completed once per calendar year unless any information requires updating. Additional copies of this form may be downloaded from [www.TheDifferenceBIC.org/Forms](http://www.TheDifferenceBIC.org/Forms).

As the parent or legal guardian of \_\_\_\_\_, I hereby grant permission for the named student(s) to participate fully in the activity described above. Furthermore, I confirm that each named student's Medical and General Information Form remains current.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE