

HS

Hershey Park
Thursday,
August 19th

Time: 8am-11pm
Cost: \$30 + meals
Meet at the
X31 Community Center



Hershey Park

Name: _____ Address: _____

Phone: _____ Cell: _____

Grade: _____ School: _____ Guest of: _____

Enclosed is: \$ _____

Make Checks payable to Branchcreek Community Church.

In case of an Emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Branchcreek Community Church permission to act on my behalf in seeking emergency treatment for my child in the event such treatment is deemed necessary by BCC. I give permission for those administrating emergency treatment to do so, using measures deemed necessary. I absolve BCC from liability in acting on my behalf in this regard so long as BCC is not grossly negligent.

X _____ Date: _____

Signature of Parent/Guardian

Other Contact Name: _____ Phone #: _____ Relationship: _____