

SLSHY

Saint Luke Senior High Youth

XPS LASER TAG Fellowship Event

Student Name _____

Address _____

Emergency Contact Information

Name: _____ Relationship _____

Phone: Home _____ Cell _____

Special Needs: (Accessibility, food Allergies, Medical, etc.)

I hereby give permission for my child to travel with the Saint Luke Lutheran Church High School Youth for a fellowship event at XPS LASER TAG, 14705 Baltimore Avenue A, Laurel, MD 20707 @ 7:00PM November 17, 2018. The Saint Luke Youth Group will be travelling in the Saint Luke van and/or with other adult drivers. There is a \$20.00 charge for this event.

Parent/Guardian Signature _____ Date _____

In the event of an emergency and if I cannot give authorization in person, the signature above gives authorization to the staff of this event to seek emergency medical treatment for the above named child. This authorization is only valid for this event.