



SUMMER PROGRAM

I, _____ give _____
(Print First & Last Name of Parent/Legal Guardian) (Print First & Last name of Student)

Permission to participate in the 2019 Restore Summer Program taking place on July 1 to August 2, 2019. At 1161 East Jersey Street, Elizabeth NJ. From 8:30am to 3:15pm.

I understand that my child/ children will go on field trips on Tuesdays and Fridays and they will be transported by a bus to the destinations of the trips. They will be chaperoned by staff members and volunteers during the entire time in the program, but my child/ children also understands that he/ she should follow directions and behave appropriately at all times. I am responsible for picking up my child on time at 3:15pm.

(Parent/Guardians will be given more detailed information on field trips in a permission slip every week respectively).

I understand that Restore is a nonprofit Christian organization and I will not hold Restore Ministries, its Board of Trustees, staff, or any one related to Restore Ministries responsible for any harm, injury that may occur to my child as a result of his/her participation in Restore Summer Program and any of its activities or trips.

Signature _____

I give consent to allow photographs or videotapes of my child to be taken and/or interviews with him to be conducted, published/ or otherwise used to illustrate, promote, and advertise **Restore Ministries**

Signature _____

I also give my consent so that my child can receive emergency treatment if necessary and to allow photographs, videotapes and interviews to be taken, published, and used to illustrate, promote, and advertise Restore Ministries. (Restore insurance provides to maximum of \$4,000 per accident. It is of utmost importance that you fill out the below emergency information because it is required by hospital emergency rooms)

Parent/ Guardian's Signature: _____

This portion is required if you have medical insurance

Company's Name: _____ Policy #: _____

Parent/Guardian's Signature: _____

Date: _____