Scott Lake Baptist Student Ministry 5811 Scott Lake Road, Lakeland, FL 33813 (863) 644-6444

	Event Permission Form	
Student's Name: _	Grade:	Age:
Address:		
	State: Zip: _	
Phone: ()	Cell Phone: ()	
Emergency Contac	cts:	
Name	Phone	Relationship
Name	Phone	Relationship
Meet at <u>: youth</u> Things to bring: <u>cooler with d</u>	after the 10:30am service Return Time:	een, change of clothes, small
Parent Signature:	Da	ate:
	Video/Picture Permission Fo	rm
some of these picyour permission to Yes, I give yo No, please o	ot of pictures/video during our student ministry actories/video on our church web site or for other chouse video/pictures that include your child(ren)? You permission to use pictures/video that have my do not publish any pictures/video where my child is	child in them.
Parent Signature:	Di	ate: