

# Calvary Chapel of Cypress Event Permission Slip

Event: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Event Contact: \_\_\_\_\_  
Name Phone

I, hereby grant permission for my child, \_\_\_\_\_  
to participate in the above event with Calvary Chapel of Cypress. I  
hereby agree to hold harmless and otherwise indemnify for any injuries  
or losses, the Church, staff, and volunteers of Calvary Chapel Cypress  
who give their assistance during the event.

Does your child have a current medical release card on file with Calvary  
Chapel of Cypress? **Yes or No**

Do you need to update your child's medical release card? **Yes or No**

**MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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