

# Activity Permission Form

Children in the Redeemer Renaissance  
After-School Program will be

Having Water Activities

|                       |                                                                    |  |                                |
|-----------------------|--------------------------------------------------------------------|--|--------------------------------|
| <i>Date</i>           | August 1, 2011                                                     |  | Rain date August 3 or August 5 |
| <i>Location</i>       | Lutheran Church of the Redeemer                                    |  |                                |
| <i>Cost</i>           | 0                                                                  |  |                                |
| <i>Transportation</i> |                                                                    |  |                                |
| <i>Notes</i>          | Please bring a towel and either swim wear or a change of clothing. |  |                                |

Please return this  
permission slip by:

August 1, 2011

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|                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------|
| I give permission for my<br>child _____ (name) _____                                                                                   |
| to _____ Participate in Water Activities _____ During the<br>week of _____ August 1 2011 _____                                         |
| In case of an emergency, I give permission for my child to receive medical treatment. In case of such an<br>emergency, please contact: |
| Name _____ Phone _____                                                                                                                 |
| Parent/Guardian<br>Signature _____ Date _____                                                                                          |