

BLAST PERMISSION FORM



I have received a copy of the program schedule, opening exercises, and rules of the Bella Vista Baptist Church BLAST Ministry. Unless noted below, the children listed here have my permission to attend BLAST and be taught Scriptural principles at your church.

Despite the best efforts to maintain a safe environment, I understand that there are still potential health risk to my child. By signing below, I agree to release **Church name:** _____ from any and all liability for unintentional exposure or harm due to COVID-19 or any other sickness. I also agree to release **Church name:** _____ from any and all liability for unintentional injury during games and activities..

Signature of Parent or Guardian

Date

Parent/Gardian’s Name: _____

Street Address: _____ Apt#. _____

City: _____ Phone # _____

Special Instructions: _____

FIRST/LAST NAMES OF CHILDREN	AGE	GRADE	DATE OF BIRTH

FOR CHURCH OFFICE USE ONLY

Teacher Signature: _____