

CALVARY BAPTIST CHURCH PERMISSION SLIP

Wednesday Night Service Projects

Summer 2011 (June, July, and August)



Dear parents, this summer we will be doing something completely out of the ordinary on Wednesday nights. On a regular basis, we are involved in Worship, Discipleship, Evangelism, and Fellowship opportunities; but we seldom have the chance to provide Ministry opportunities in our regular CYC programming. On Wednesday nights throughout the summer we are coming up with many different ways for the students to use their unique gifts, abilities, and talents to help serve others inside and outside the church. The weekly projects will include opportunities such as...

- Visiting shut-ins (helping with yard work & housecleaning)
- Minor upkeep/maintenance projects around Calvary
- Nursing home visits
- Visitation
- Snail-mail correspondence written at Calvary

Since many of these weekly projects will often require us to travel off the church property on Wednesdays throughout the summer, we need your permission. The projects will be well supervised by the adult youth leaders. We will transport the students in the church vans/bus and possibly some of the adult leader's personal vehicles. This slip is designed to make you aware of our plans as well as get your permission.

**I give my permission for _____
to travel off campus for CYC service opportunities on Wednesday
nights throughout the summer months of 2011.**

Parent/Guardian name: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate Phone _____

Other contact in case of emergency: Name: _____ Number: _____

I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the Church, its pastors, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event of an emergency where medical treatment is required, I give my permission to the church staff or sponsor to obtain the services of a licensed physician (including doctor, nurse and/or certified emergency response personnel) selected by the adult leader in charge to secure proper treatment for my child. Please attempt to notify me immediately concerning any such emergency.

Parent/Guardian Signature: _____ **Date:** _____

I would also like to extend the challenge to you—the parents. We could use your involvement and support. If you would be willing to be a part of this opportunity on Wednesdays throughout the summer, please contact the church office.