

5-DAY CLUB PERMISSION SLIP

Please return completed form to your 5-Day Club teachers.

Child Name (first and last): _____

M/F (circle one) Birthdate: _____ Age: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Church (opt): _____

Parent/Guardian Signature: _____

PHOTO AND VIDEO RELEASE

Child Evangelism Fellowship may, from time to time, document the activities of the ministry with photos or videos.

I hereby assign and grant to Child Evangelism Fellowship, Inc., its subsidiaries and successors, and assign the unqualified right to the ownership use and proceeds of all photographs or video of me or my minor child for, but not limited to, advertising, educational, and promotional purposes.

Child Name: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____