

# Freedom Hill Community Church Student Ministries PARENTAL PERMISSION FORM

**Event Date:** July 24, 2015

**Location:** 450 Aiken St. Lowell, MA 01854

**Event Name:** Lowell Spinners Baseball Game

**Event Time:** 5:00-11:00 p.m.

I hereby certify that I am the parent/guardian of (write child's name) \_\_\_\_\_  
and grant my permission for my child to attend the event named above. I will not hold the representatives  
of Freedom Hill Community Church, 77 Kennedy Drive, Malden, MA, or the church itself responsible for any  
accident, injury, or damage that may occur. I understand that every effort will be made by these  
representatives to properly supervise and protect my child. I also understand that in the event my child is  
unable or unwilling to follow the rules I may be called upon to pick him/her up during the night.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

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