

Permission Slip

Christian Church of Hebron, IN

Name _____

has my permission to cross Sigler St. with crossing guards & swim in a life guarded private pool at 205 E. Sigler St., Hebron,

Thursday, June 11th, 2026

Children in 2nd grade & under MUST be accompanied by a parent to participate in swimming.

Kidde pools will be available for younger children.

Parent Signature _____

Can you chaperone? Yes _____ No _____

Print Name (if attending) _____

MINOR'S MEDICAL RELEASE FORM

Address _____

Birth Date _____ Email _____ Cell/Text _____

Emergency Contact Name(s) _____

Phone Numbers – Home _____ Cell _____ Work _____

In case we cannot be reached during an emergency, I (we) the undersigned give permission for our child to be treated by a licensed physician, and for said physician to administer whatever care is necessary, including anesthesia, for their safety and care.

Signed _____
(Parent or Guardian)

Please note any medical allergies, medical problems, medications being taken or other information that is pertinent:

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