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Helping To Put It Together...And To Keep It That Way!

MEN ON A MISSION - MENTORSHIP PROGRAM COSTICK CENTER ACTIVITY

Email: gaccsservices@gmail.com or Fax: 248 847-3600

PERMISSION SLIP

M.O.A.M. is committed to positively impacting the lives of young boys (ages 5-17 years old) by providing a foundation through creative social skill building for success in daily living. Visit us at www.gaccs.org

Name: _____ Age: _____ T-Shirt Size _____

Birth Date: ___/___/___ Grade: ___ Tele#(s): _____

School: _____ City: _____ School Zip Code: _____

Parent(s)/Guardian(s): _____

Email Address: _____

Home Address: _____

City: _____ Zip Code: _____ Tele#(s): _____

Emergency Contact Name: _____ Tele #: _____

Health Information: (check if yes) Known Allergies or Other Health Issues Impacting

Light Activities. Explain: _____

Permission To Participate

I give _____ permission to participate in the Men On A Mission
Child's Name
Sunday, August 25, 2019 Costick Center Activity. I release GACCS Men On A Mission Group Mentoring Program and its representatives from any liability in the event of any accident during the Men On A Mission Costick Center Activity, including swimming. I also authorize them to obtain any emergency medical attention that may be required during my child's attendance.

Child's Signature

Date

Parent / Guardian Signature

Date

FULLY COMPLETED SIGNED PERMISSION SLIP REQUIRED FOR PARTICIPATION