

Signed Permission Slip must be presented on the day of the event to participate!

MEN ON A MISSION

Strategic Acceleration Fun Day

Saturday, Nov. 30th 2:00pm – 7:00pm

FAX TO 248 847-3410

PERMISSION SLIP (PRINT CLEARLY)

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): _____ or _____

School: _____ City: _____ School Zip Code: _____

Parent(s)/Guardian(s): _____

Email Address: _____

Home Address: _____

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

Emergency Contact: _____ (How Related?) _____ Tele #: _____

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

Light Activities. Explain: _____

Permission To Participate

Be sure to bring swim trunks & gym shoes.

I give _____ permission to participate in the Men On A Mission
Child's Name

Strategic Acceleration Day Saturday November 30th, at the Farmington Hills YMCA. I release GACCS Men On A Mission Group Mentoring Program and its representatives from any liability in the event of any accident during this Men On A Mission YMCA activity, including basketball and 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

**M.O.A.M. Emergency Contact #s During Event:
Wallace Harris, Director 313 779-7844, Bea Smith, Clerk 313 247-8315**

FULLY COMPLETED SIGNED PERMISSION SLIP REQUIRED FOR ATTENDANCE