

(Name)		· · · · · · · · · · · · · · · · · · ·
n	nay attend and participate in	
(activity)	 	
sponsored by Hillcrest Church of the Nazarene on		
(date)	Further, I agree to all the	e sections of the
Medical Release & Parental Consent form that I signed and		
have on file at Hillcrest Church of the Nazarene.		
signature of parent/guardian date		date