

FRONTLINE JV LASER TAG

Name _____

Parent(s) _____

Emergency Contact/Phone # _____

Parent Email _____

"My son/daughter is in good health and has my permission to engage in all described activities except those noted by me. In case of emergency and I am unavailable, I give my consent to treatment by the attending physician. I voluntarily waive any claim against the local church and all leaders for any and all causes that may arise in connection with this event. I understand that my student's picture may be used in any Frontline publications, videos, or on our website."

Signature of Parent/Guardian

Date

Payment Options: Cash Check or Account Money

*If using account money, the student **MUST** sign below:*

"I, _____ (name), understand, and release
\$ _____ of my Frontline Fundraiser Account money to go towards my
_____ (name of event) event,
_____ (date(s) of event)."

Signed _____ Date _____

Office Use Only:

Date Received _____ Payment _____ Method _____



1814 Dolphin Dr., Waukesha

WHO: All students going into 6th- 8th grade

WHEN: Monday, August 23

TIME: Meet at Lasertag Adventure at 7:00pm,
parents pick-up at 8:30pm.

COST: \$15.00...includes 2 games of laser tag,
8 tokens for the arcade, a soda, and a
coupon for another visit.

(Deadline to sign-up is Wednesday, August 18)