

**Scottsville Christian Church**

7857 Scottsville Road

Floyds Knobs, Indiana 47119

(812)923-5212

[www.scottsvillechristian.org](http://www.scottsvillechristian.org)

Child's Name \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

My child, \_\_\_\_\_ has my permission to attend the  
name

\_\_\_\_\_ on \_\_\_\_\_  
(event) (date)

I authorize Scottsville Christian Church and its representatives to transport my child the this event. I further acknowledge that my child has a 2009 Medical Release Form on file with the Church.

Signed \_\_\_\_\_ Date \_\_\_\_\_