



BEADING CLASS PERMISSION FORM FOR REGISTRANTS AGES 10-17

Sponsoring site: Hibbing Alliance Church, 4220 3<sup>rd</sup> Ave W, Hibbing, MN 55476 phone: 218-262-6685

Date of class: May 18, 2024

Instructors: Hibbing Alliance and Cass Lake beading team

Name of registrant: \_\_\_\_\_

Address: \_\_\_\_\_

Contact information (phone and/or email): \_\_\_\_\_

Is the registrant a minor between the ages of 10 and 17?      YES      NO      AGE: \_\_\_\_\_

All minors must have a completed permission form from a parent or authorized guardian to participate that is presented prior to, or on the day of the event!

*"I am a parent or authorized guardian of the minor registrant, and grant permission for the registrant to participate in this event. I also grant permission to Hibbing Alliance Church to seek emergency medical treatment for the registrant should the need arise." (We will contact the parent or authorized guardian using the contact number above, first. We are requesting a secondary emergency contact number as a precaution. See below.)*

Signature of parent or authorized guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to the minor: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary emergency contact: \_\_\_\_\_ Relationship to minor: \_\_\_\_\_

Contact information (phone): \_\_\_\_\_

Who can pick up the registrant? ONLY ME      OTHER: \_\_\_\_\_

Food Allergies?      YES      NO      List: \_\_\_\_\_

Medical conditions that we should know about?      YES      NO      Explain: \_\_\_\_\_

We encourage you to have the completed form submitted prior to, or upon arrival. This ensures your child can get started right away! We will have blank copies available.

You are welcome to stay on site. We will be offering free lunch and snacks throughout the event for everyone. If your child has allergies, we can provide you a menu in advance. (call Marsha @ 218-929-1221)