

TOTALLY HIS YOUTH CONFERENCE 2011

EI School of Biblical Training 700 N Parker Rd, Greenville, SC 29609

Parental Permission:

(Please fill out a separate form for each child)

I, _____ (name of parent or guardian), give my child, _____, permission to participate in all activities during the conference. I hereby release The Evangelical Institute, its staff and workers, from responsibility and liability for any injury or illness that my child may sustain during conference activities. I, furthermore, grant The Evangelical Institute authority to authorize any and all medical treatment necessary for the protection of the health and well being of my aforementioned child during the week of June 20-25, 2011 if I cannot be immediately contacted.

Signature of parent or guardian: _____ Date _____

Please send this form, along with a \$25 registration fee to:

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700 N Parker Road
Greenville, SC 29609