



**PERSONAL REFERENCES**

Adult Name	Address	Phone Number
Pastor/ Ch. Leader		

Have you signed the enclosed *Doctrinal Protection Policy*? \_\_\_\_\_

Have you filled out your Medical Form? \_\_\_\_\_

Have you filled out the Child Protection Policy and Clearance Form? \_\_\_\_\_

*(If you did this for Flood Philly 2011, you do not need to redo it at this time)*

I certify that to the best of my knowledge all answers and information given on this application are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PERMISSION FORM FOR PICTURES**

I, \_\_\_\_\_, give permission for my voice and/or image to be used for promotional and publicity purposes.

Student's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**PERMISSION FORM FOR CROSSING STATE LINE**

I, \_\_\_\_\_, give permission for \_\_\_\_\_  
to cross state lines into N.J. if this is where the leader chooses to participate.

Parent's Signature \_\_\_\_\_



