



Girls Beauty Day 2017

Permission Slip

Sunday, March 5th
1pm-6:30pm
Cost: FREE

<u>Lakeside YV</u> Jeremy Miller – 619-992-0603	<u>Santee YV</u> David Matranga – 619-820-2825
<u>El Cajon YV – Broadway</u> Isaiah Lepper – 619-366-1880	<u>El Cajon YV – Chase</u> Josh Simmons – 619-633-0040

EVENT INFO:

MEET: Sunday, March 5th @ Foothills Christian Church (If you need transportation to event **ARRANGE** with your leader)
RETURN: Sunday, March 5th @ Foothills Christian Church (rides home will be provided if needed)
ADULTS SUPERVISING: Megan Blafield (619-922-5970)
PLAN: Arrive @ 1:30pm to Salon Thrive, where haircuts, makeup and photoshoots will take place.

REQUIREMENTS:

- Must be a female
- **Must have permission slip filled out and turned in NO LATER THAN FEB. 24th!!!**

BRING:

- clean face (no makeup), favorite outfit for photoshoot (within dress-code), and your beautiful smile!

TEAR OFF HERE → ----- KEEP THE TOP PORTION FOR YOUR INFORMATION -----

PERMISSION SLIP / MEDICAL AND LIABILITY RELEASE FORM

Name of Minor: _____ Grade: _____

Activity: YV Girls Beauty Day Date: March 5th

Location: Foothills Christian Church – 365 W. Bradley Avenue, El Cajon 92020
 Salon Thrive - 278 Town Center Pkwy #101, Santee 92071

The undersigned does hereby grant permission for the above named minor to participate in the noted activity with Youth Venture. (information on the attached flyer).

The undersigned does hereby release Youth Venture & Foothills Christian Church staff and volunteers from any liability in regards to the sustaining of physical and/or mental injury by the above named minor while participating in the noted activity, including travel, leaving from & returning to Foothills Christian Church.

The undersigned does hereby grant permission for Youth Venture staff and volunteers to seek and obtain medical care for our minor in the event of injury and/or illness while the minor is under their supervision.

The undersigned does hereby release any licensed physician and/or Medical Provider from any liability in the proper treatment of the above named minor. Furthermore, the undersigned authorizes the treatment of the above named minor and agrees to pay all reasonable medical costs. The undersigned has read the above fully and accepts the terms therein.

I give my child permission to receive a haircut, **IF YOU CIRCLED YES, PLEASE CHECK STUDENTS HAIR FOR ANY SIGNS OF LICE: Y / N
I give my child permission to wear makeup (makeup will be applied accordingly to age; very light application): Y / N
I give my child permission to have her photos professional taken and posted on social media accounts (i.e. Facebook, Instagram): Y / N

Parent's Name & Signature → PRINT: _____ SIGN: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Medical Insurance Information: _____

Doctor: _____ Phone: _____ Does your child have permission to receive Tylenol? Yes No

Does your child have any medical conditions that we need to be aware of? Yes No IF so, explain: _____

Emergency Contact: _____ Phone 1: _____ Phone 2: _____ Relationship: _____

Location of Youth Venture Membership: El Cajon (Broadway) El Cajon (South) Santee Lakeside