

## Questions? Contact Tina Morrison, 717.385.5550

Wear work clothes & tennis shoes (no flipflops or sandals)

## IPS A ON SLI 22 RF T Π R N'S I H

Student's Information:

Name:	Birthday:	Birthday:	
Gender:	_ Grade in Fall:		
Email:			
Home Address:	City:	State:	Zip:
Parent/Guardian Informatio	on:		
Name:			
Home Phone:	Cell Pho	one:	
Email:			
I,		give perm	ission for my child,
ty responsible in an event of as a result of emergency m	al on July 25, 2019. hurch, or any representative f injury. Further, I agree to ac	ccept any and all find	above listed activi ancial responsibility
as a result of emergency m	nedical treatment.		

Parent/Guardian Signature:

Date:

## LIKE JESUS VE