

breakouts + workshops for students + leaders
led by passionate bay area leaders

RESCUE 2011 conference

WHEN: saturday, october 22 / 9am - 4pm

WHERE: jubilee christian center / 161 nortech parkway, san jose, ca

rescue2011.com

breakouts + workshops for students + leaders
led by passionate bay area leaders

RESCUE 2011 conference

WHEN: saturday, october 22 / 9am - 4pm

WHERE: jubilee christian center / 161 nortech parkway, san jose, ca

rescue2011.com



keynote speakers

FRANCIS CHAN

+



LARRY ACOSTA

worship led by josh fox band



keynote speakers

FRANCIS CHAN

+



LARRY ACOSTA

worship led by josh fox band

Student Leadership Permission Slip

Rescue Conference 2011

Grade: _____

Student Name: _____

D.O.B.: ____/____/____ Gender: M [] F []

Address: _____

City: _____ State: _____ Zip: _____

Home Tel: _____ Cell: _____

Email (optional): _____

Parent/Guardian Name: _____

Home Tel: _____ Cell: _____

Emergency Contact: _____

Home Tel: _____ Cell: _____

MEDICAL AND LIABILITY RELEASE AUTHORIZATION

This acknowledges that our student has permission to participate in this event. I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, secure proper treatment, and/or administer any injections, anesthesia, or surgery for my student as deemed necessary. I also understand that all activities are planned carefully and adequately supervised by mature adults. By signing this release, I assume and accept all risks and hazards inherent to church-related activities and agree not to hold the church or its employees or volunteer assistants liable for damages, losses or injuries to the person or property undersigned.

Parent/Guardian Signature: _____

Insurance Carrier ID #: _____

Doctor: _____ Phone: _____

Prescription Medication: _____

Allergies: _____

Student Leadership Permission Slip

Rescue Conference 2011

Grade: _____

Student Name: _____

D.O.B.: ____/____/____ Gender: M [] F []

Address: _____

City: _____ State: _____ Zip: _____

Home Tel: _____ Cell: _____

Email (optional): _____

Parent/Guardian Name: _____

Home Tel: _____ Cell: _____

Emergency Contact: _____

Home Tel: _____ Cell: _____

MEDICAL AND LIABILITY RELEASE AUTHORIZATION

This acknowledges that our student has permission to participate in this event. I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, secure proper treatment, and/or administer any injections, anesthesia, or surgery for my student as deemed necessary. I also understand that all activities are planned carefully and adequately supervised by mature adults. By signing this release, I assume and accept all risks and hazards inherent to church-related activities and agree not to hold the church or its employees or volunteer assistants liable for damages, losses or injuries to the person or property undersigned.

Parent/Guardian Signature: _____

Insurance Carrier ID #: _____

Doctor: _____ Phone: _____

Prescription Medication: _____

Allergies: _____