

High School End of Year Party

Wednesday May 15th.

Free Pizza for all, \$15 for Laser Tag (First come, First Serve)

6:00 Pizza Served
6:30-8:30 Laser Tag

**GEORGIA OUTDOOR
LASER TAG**



High School End of Year Party (Laser Tag)



Student's Name (Please Print): _____ Grade: _____

Parent/ Guardian's Name (Please Print): _____

Parent/ Guardian's Cell phone number: _____

Parent/ Guardian's email: _____

In allowing my student to attend the High School End of Year Party (Laser Tag), I am giving my approval for them to participate in the activities. I realize that the group will be playing High School End of Year Party (Laser Tag) in a safe yet challenging environment. In the event of an accident, I will not hold Sharon Church or the adults from Sharon Church liable. I also give authority for a medical team to make decisions, in the event, that my child is facing a life threatening injury or illness.

Signature of Parent/Guardian

Date