

# Southport Awakening - Parent Permission Form

This permission slip must be signed by the student and their parent/guardian to enable them to take part in the Awakening weekend.

Mail this form with your application, or send separately after submitting registration online to:

**Southport Awakening  
Southport Presbyterian Church  
7525 McFarland Boulevard  
Indianapolis, IN 46237**

Please include your \$20 registration fee with this form (checks payable to "SPC")

I \_\_\_\_\_, acknowledge my responsibility to remain on the premises of Southport Presbyterian Church, 7525 McFarland Blvd., Indianapolis, Indiana 46237, from 12:00 noon, Friday, November \_\_\_\_, 20\_\_\_\_ until 5:30 p.m. Sunday, November \_\_\_\_, 20\_\_\_\_ except as indicated in writing below and approved in advance of the weekend.

I realize that my cell phone, car keys, watch, wallet and electronic devices will not be needed during the weekend and commit to leave those at home or with my sponsor for the weekend.

If these above mentioned items are mistakenly brought to the weekend, the Awakening Directors will safely store these items in a safe on the premises.

All medications **must** be brought in the **original packaging (we prefer that you bring the quantity needed for the weekend and leave extra quantities at home)**. Medications will be collected at registration and will only be made available to you at the prescribed times. Packaging will be returned to you at the end of the weekend.

By signing below, I authorize the Southport Awakening to seek emergency medical attention, should it be required during the weekend.

We greatly look forward to your involvement in the weekend and want it to be the best it can be.

Signature \_\_\_\_\_  
Sleeper or Team Member

Date \_\_\_\_\_

Signature \_\_\_\_\_  
Parent/Guardian

Emergency Phone Number \_\_\_\_\_  
Date \_\_\_\_\_

**Questions, contact: [AwakeningRegistrar@gmail.com](mailto:AwakeningRegistrar@gmail.com) or call Paul Gearhart/SPC 317/534-2900**