

Garner Christian Fellowship - Youth Group Permission Slip

Please read this carefully, fill out completely, sign and return by the day of the activity. Your child / children **MUST** have a signed permission slip in order to attend. Please fill out 1 per child. Thank you.

Youth's Name: _____ Date of Birth: _____

Youth's Phone #: _____ Email: _____

Home Address: _____

I, _____ as parent / guardian of the above named child, give him / her permission to participate in the activities of "*Garner Christian Fellowship*." I release the church and its representatives from any liability in the event of an accident enroute, during, or returning from an activity. I also authorize them to obtain any emergency medical attention that may be required during my child's attendance.

SIGNED: _____ DATE: _____

Parent / Guardian

Parent / Guardian: _____

Please Print

Emergency Phone Number: _____

Parent's Email: _____

Alternate Phone Number: _____

Special Medical Needs:

Are there any specific or special medical needs that we should be aware of for your child? Please list them below along with any information that could be helpful. If you should need more space please write on the back of this form.

- Thank you
