

# Bay United Methodist Youth Ministry Permission Slip



My child \_\_\_\_\_ has my permission to attend  
\_\_\_\_\_ on (date) \_\_\_\_\_. In case  
of emergency, I may be contacted at \_\_\_\_\_.

In the event I cannot be reached, I authorize any of the adult leaders to act on my behalf to obtain medical treatment.

In consideration of the possibility injuries could occur in this event, I hereby release all participating groups and all persons officially connected with this event from any and all liability for any injury or damages whatsoever arising from any participation in this event.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Cell phone # \_\_\_\_\_

Yes, I can drive \_\_\_\_\_

RSVP to Anna Magill at (440) 871-2082 or [anna\\_bumc@sbcglobal.net](mailto:anna_bumc@sbcglobal.net)

Leave (time) \_\_\_\_\_

Return (time) \_\_\_\_\_

Cost \$ \_\_\_\_\_

Thank you!

Anna Magill  
Youth Programs Coordinator