

**Vanderburg United Methodist Church
Youth Activity Permission Form**

Youth's Name _____

Parent's/Guardian's Name _____

Address _____

Telephone Numbers where you can be reached during event:

Home _____ Cell _____ Other _____

RELEASE FORM:

_____ has my permission to participate in
_____ : **(date)** _____ & **(time)** _____.

I understand that all activities will be closely supervised and that medical and hospital care will be given if serious illness or injury occurs. I understand I will be notified in case of serious illness or injury, and if I cannot be contacted, I give my permission for emergency treatment as recommended by attending physician or dentist.

Signed _____ Date _____

Insurance Policy Name: _____

Insurance Policy Number: _____

Additional Information