



## YOUTH EVENT PERMISSION FORM

**Participant's Name:** \_\_\_\_\_

**Event:** \_\_\_\_\_

**Date / Time:** \_\_\_\_\_

I, \_\_\_\_\_, know and understand this is a Christian event and there is no use of tobacco, drugs or alcohol allowed on the premises. I also understand there is no cohabitation allowed while at this event. I realize that if I participate in any of these activities, my parents will be notified immediately and I will be sent home. I promise to treat others as I would want to be treated and will do my very best to treat my brothers and sisters in Christ with love and kindness.

**Participant's Signature:** \_\_\_\_\_

**Parents' Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Emergency Contact 1:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Emergency Contact 2:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Allergies:**    No Yes **If yes, please list:** \_\_\_\_\_

**Medications:** No Yes **If yes, please list:** \_\_\_\_\_

I give my child permission to attend the event shown above. I further understand that should be my child violate the above promise, I will be notified and will pick up my child immediately.

**Parent Signature:** \_\_\_\_\_