



YOUTH EVENT PERMISSION FORM

Participant's Name: _____

Event: _____

Date: _____

Time: _____

Cost: _____

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 sexual activity 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: _____