

Youth Lock-in
Feb 3, 2012 ~ 10:00pm to 8:00am

PERMISSION FORM
Orange UMC Church Student Ministries

Youth Participants Name: _____

Grade: _____ Age: _____ Birth Date: _____

Address: _____

City/State/Zip: _____

Parent/Guardian Name(s): _____

In case of emergency contact: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Emergency Release: I give my child permission to participate in _____ Lock-In _____ event sponsored by the Youth Fellowship Orange UM Church. It is my understanding that should my child or charge become ill or injured, I will be contacted in person or by telephone at the location(s) or number(s) provided on this sheet. If, however, this is not possible, I do grant an adult chaperone permission to authorize emergency medical treatments recommended by the treating health care provider until such time as I am notified.

Signature of Parent or Guardian: _____

Date: _____