

**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 the event:

Home _____ Cell _____ Other _____

RELEASE FORM:

_____ has my permission to participate in the Vanderburg Youth Fellowship 11-11-11 Celebration. *We will meet at VUMC at 4pm. We will spend time shooting our videos. We will leave the church at around 7:00pm to go bowling at Victory Lanes. Pick up is at the Bowling Alley at 9pm. As we are taking the church van, parents close to the church may pick up at the church if that would be more convenient.* Please note that we will be having dinner en route or at the bowling alley. Please ensure your youth has some funds at their disposal. We do have limited funds available to help cover costs.

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: _____