

ACTIVITY PERMISSION SLIP

2009-2010

I hereby give my permission to the Directors or children's counselors of Plymouth First United Methodist Church to act as my agent or representative for the purpose of obtaining emergency medical treatment for my children by trained medical professionals, such permission limited to the specific activity described below.

I also acknowledge and agree that Plymouth First United Methodist Church, its pastors, directors, counselors, or other agents or representatives, are released from responsibility or liability for any injury or illness which might befall my child while participating in the below described activity, unless such injury or illness results from the gross negligence of the church, its pastors, directors, counselors or other agents or representatives.

Name of Youth: _____

Grade: _____ Birthdate: _____

Activity: _____

Parent Signature: _____ Date: _____

Parent or Guardian: _____
(Print name and relationship)

Address: _____

City, State, Zip: _____

Phone: _____

Alternate Contact Person: _____

Phone and relationship: _____

*** This permission slip must be signed by a parent as a requirement for the youth program. This waiver will cover your student for all events, including field trips, lock-ins, retreats, and any other event associated with youth activities of 2009-2010.**

Fax# (734) 453-0375