

St. Matthew's UMC Youth
Permission Slip

Youth Name: _____ Cell #: _____

Guardian's Name/s: _____ Cell#: _____

_____ Cell#: _____

Email Updates: _____

Emergency Contact & Phone #: _____

_____ has my permission to attend and participate in events sponsored by St. Matthew's United Methodist Church. I understand that this involves travel in vans and/or other vehicles. I release St. Matthew's United Methodist Church, employees, and volunteers from any liability for injuries or illness which may occur on this event. The sponsors have my permission to take my child for treatment to an emergency room or to a licensed physician. I also give permission for my child's picture or video to be taken on the trip, the pictures may be used for the website or other St. Matthew's United Methodist Church promotional materials.

Parent Signature

Date