

FIRST UNITED METHODIST CHURCH
14999 South State Ave. PO Box 207, Middlefield, OH 44062
Phone: (440) 632-0480

ACTIVITY OR EVENT PERMISSION FORM

_____ Date of birth _____
(Name of child/youth)

Address: _____

has my permission to be with the _____ Youth Fellowship _____
(Name of group)

on a regular basis or attend the following event _____
(Event)

at _____
(Location of event)

On _____ (Date of event) _____ (Parent/guardian signature and date signed)

Emergency form on file at the church (**initial**) _____

COST: _____ DEADLINE: _____

*****Note:** If you want your child to arrive and leave this activity on his/her own and therefore release First UMC and its personnel from all liability. **Initial here:** _____

Emergency phone number that the parent/guardian can be reached during event: _____.

Alternate contact if parent/guardian cannot be reached:

(Name) (Phone)

Please list people whom you authorize to drop off/pick up your child if you are unable to do so:

(Name) _____ (Phone) _____

(Name) _____ (Phone) _____

(Name) _____ (Phone) _____

Photo Identification will be required.