

**Permission Form for ANY UMYF EVENT**

**Off church grounds**

**Parents fill in details**

I \_\_\_\_\_ (parent or guardian) give my permission for \_\_\_\_\_ (youth) to participate in \_\_\_\_\_ (activity) at \_\_\_\_\_ (location). I grant permission for Troy First UMC or its representatives to secure medical treatment and non-surgical medical care for my child. I also release Troy First UMC and the leaders/drivers of responsibility for accidents incurred while my child is attending this event.

Parents Signature \_\_\_\_\_

DATE \_\_\_\_\_

I can be reached at this number \_\_\_\_\_.