

# St. Paul's UCC Freeburg SYF/JYF Permission Slip

I give \_\_\_\_\_ permission to attend  
(name of youth)  
\_\_\_\_\_ with the St Paul's UCC SYF/JYF.  
(activity)

I/We understand all reasonable safety precautions will be taken at all times by St Paul's UCC SYF/JYF and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold St Paul's UCC SYF/JYF, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Youth PRINTED name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Allergies? \_\_\_\_\_

Parent/guardian PRINTED  
name: \_\_\_\_\_  
signature: \_\_\_\_\_

1> Emergency Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
2> Emergency Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*please include a copy current insurance card