

Memorial United Methodist Church
250 Bryant Ave., White Plains, NY 10606
Youth Group Permission Slip & Registration
For September 1, 2010 - August 31, 2011

Youth Name: _____
Grade: _____ Age: _____ Birthday: _____
Address: _____

Youth Email Address: _____
Youth cell phone number: _____
Medical Information/ Allergies: _____
Parent(s) or caregiver(s) name(s): _____
Home Phone: _____ Work Phone: _____
Cell phone: _____ Email: _____

Please provide the names of persons to contact if parent(s) or caregiver(s) cannot be reached:

1. Name: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____
Relationship to youth: _____

2. Name: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____
Relationship to youth: _____

_____ has my permission to participate in Memorial United Methodist Church youth ministry events between November 1, 2009 and August 31, 2010. I also understand that Memorial United Methodist Church is not liable should injury come to my child. I give permission for emergency medical care to be given by a hospital should my child need such treatment before I am contacted.

Signature of parents or caregivers and date:

Insurance company and numbers: _____

Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone: _____