

GREEN BAY AREA YOUTH PERMISSION SLIP 2011-2012

Child's Name _____ Date of Birth _____
Child's Mobile Phone _____ E-Mail _____
Printed Parent or Legal Guardian Name _____
Home Phone _____ Mobile Phone _____ Work Phone _____
Home Address _____ City _____ Zip _____
Parent/Guardian E-Mail _____ Emergency Contact _____

- I give permission for this child to attend and participate in activities of St. Anne's, Episcopal Church, DePere, Wisconsin, unless otherwise specified in writing.

The intent of Youth Group is for fellowship, worship, prayer, teaching, as well as fun. In the spirit of that intent, it is our desire for all youth attending to arrive and depart at the appropriate times. If you desire for your child to leave youth group on their own reconnaissance, please indicate below. Otherwise, it is essential that all our youth remain under the supervision of a youth leader until a parent picks up their child. **Please sign** your option below as appropriate:

_____ My child is to remain under youth leader supervision at all times. I will pick up my child.

_____ My child has permission to drive to/from youth group, but is required to remain under leader supervision and stay through the appointed times.

_____ My child has permission to depart youth group at any time and be released on their own reconnaissance.

- I authorize an adult, in whose care this child has been entrusted, to consent to: X-ray examination, anesthetic, medical, surgical or dental diagnosis and treatment or hospital care, to be rendered to the minor under the supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act if there is insufficient time or inability to contact me. I will be liable and agree to pay all costs and expenses incurred in connection with such services rendered pursuant to this authorization.

- I give permission for this child to ride in any vehicle designated by the adult in charge.

- I understand the general guidelines of behavior: the child must respect and obey instructions of the adult in charge and that smoking, alcohol, illegal drugs, possession of weapons or sexual misconduct is not tolerated. I will assume all transportation costs for this minor if these guidelines are violated during an activity. I have discussed these guidelines in an age appropriate manner with the child.

- I will take no civil action against St. Anne's Episcopal Church, any associated agencies, or persons in whose care the child has been entrusted, for normal care of the child in their charge.

- I understand St. Anne's Episcopal Church is not responsible for lost or stolen items.

- I give my permission for photographs or video footage of my child to be used for promotional purposes, unless I initial here _____ (**initialing means you do NOT give permission**).

- I give my permission for my child's address/phone number to be included on a roster for church use only, unless I initial here _____ (**initialing means you do NOT give permission**).

Parent/Guardian Signature _____ Date _____