**YOUTH PERMISSION SLIP**

**Please complete this form and return it to the Youth Ministry office.**

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| **Event Date:** | **September 30th 2016** |
| **Drop off Time:** | **6:30pm** |
| **Pick up Time:** | **9:30pm** |

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| **Bring:** | **n/a** |
| **Do not bring:** | Personal electronics (including cell phones, iPods, laptops, etc.), negative attitude |

I hereby give permission for my son/daughter to participate in the above activity/retreat/program at Bethel World Outreach Church.

* I understand that the group activity/retreat/program will have competent adult supervision.
* I release the Bethel World Outreach Church and/or the Youth Ministry sponsoring the activity/retreat/program from all financial responsibility.
* I hereby give permission for any emergency medical treatment that might be needed by my son/daughter while participating in the activity/retreat/program. Reasonable and appropriate measures will be taken to minimize the risk of injury. Permission is given to the Youth Ministry representative to authorize by his/her signature whatever medical treatment that may be considered necessary or advisable by the physician or nurse in the event of any accidental or medical emergency during participation in the retreat program, and if necessary circumstances do not allow contacting a parent or guardian first.

I understand that should my child:

* Use alcohol, other drugs or any illegal substance.
* Leave the group / designated areas without permission of retreat coordinator.
* Break curfew or enter into restricted areas (such as being in the bedroom of a member of the opposite sex.)
* Significantly impede the success of the experience for self or others, or
* Become a concern to the safety of self or others

I may be contacted to have my child sent home and that I will be responsible for providing transportation.

Parent/Guardian's Name (Please Print) Date

Parent/Guardian's Signature Parent/Guardian's Phone No.

**\*In case of emergency call: Phone No.**