

YOUTH GROUP PERMISSION SLIP 2011

Name: _____ DOB _____

Address: _____

Email: _____

Allergies; _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent information:

Name: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Email: _____

I give my son/daughter _____ permission to meet with the St. Francis youth group under the mentors assigned by Rev. Jill Williams. I will allow my youth to venture off St. Francis property during youth group time and field trips with adult volunteer and mentor drivers.

Parent signature _____

I give St. Francis church permission to take pictures of my son/daughter for use on the website or in the newspaper.

Parent signature: _____