

**FIRST CHURCH OF CHRIST, CONGREGATIONAL
Middle School Youth Group**

PARENT'S PERMISSION

My child, _____, has my permission to participate
in the _____ on _____.

During this activity, I may be reached at:

Phone(s): _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name: _____ Address: _____

Phone(s): _____

*If both are unavailable, the chaperones from the First Church of Christ have my permission to act on my behalf with regard to medical treatment for my child.

Special Needs / Limitations / Allergies: _____

Health Insurance Company: _____

Name of Insured: _____ Policy/Group #: _____

Parent Signature: _____ Date: _____

PARTICIPANT'S AGREEMENT

- I understand and support the fact that drugs, alcohol, abusive behavior or language, or anything that would upset the chemistry of our retreat are not allowed. If I violate this understanding, my parents (or designated guardian) will be called immediately to pick me up. I also understand that none of these things are worth the disruption they'd cause to our time together.

Middle School Youth Group Member's Signature: _____

Thank you!

I'm excited for your student's participation in our MSYG Event!