

Event: _____

Youth's Name: _____

Address: _____

City, State, ZIP: _____

Home Phone: _____

Emergency Contact: _____

Phone # of Contact: _____

Comments or Medical Information: _____

I give permission for my youth to participate in the above event. If emergency medical treatment is required, I give permission to the church staff or adult volunteers to obtain the services of a licensed physician. I will be notified as soon as possible concerning any such emergency.

Signed _____ Date _____
(parent or guardian)

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Sterling United Methodist Church
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Sterling, VA 20164
703-430-6455

