



Event: _____
Location: _____
Date: _____
Times: _____

Youth Name: _____
Address: _____
City, State, Zip: _____
Birthdate: _____ Grade: _____ Male/Female
Parent (s) Name (s): _____
Mom Phone: _____
Dad Phone: _____
Emergency Contact Name: _____
Emergency Contact Phone #: _____

My son/daughter has my permission to attend the Torrance First United Methodist Church activity listed above on the day and times listed above.

Parent Name: _____
Parent Signature: _____ Date: _____

This form is due on the day of the event and no youth will be able to leave the church property without a signed Medical Release and Signed Permission Slip on file.