

SAF Youth Permission Slip

Youth Event _____ **Youth Registration & Medical Consent on file**

Student's Name: _____

Date of Birth: _____ **Age:** _____ **Youth Cell:** _____

Home Address: _____

Parent or Guardian Name: _____

Parent or Guardian Cell Phone Number: _____

I hereby consent to the participation of my child in this supervised activity.

While every precaution is taken for the safety and good health, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at the church. I/we understand and accept these risks and agree that by allowing my child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury.

I give consent for the youth listed above to participate in the Stow Alliance Fellowship Youth Group Events ((including transportation to & from said events). I understand that my youth may be traveling via public or private transportation (Ex: car, bus, boat, plane, etc.) I understand that all responsible caution will be taken to prevent injuries; however, I will not hold Stow Alliance Fellowship or its, volunteers liable in any way for any injury sustained during the event.

I agree that, if the Youth Director's opinion , my youth acts in an inappropriate manor, or in a way that creates a situation the could endanger other youth or adults, I may be contacted to transport my child home.

I have read, understood and agree with the above.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____