Youth Group Boat Trip Permission Slip

Trip Details

Date of Trip:
Destination:
Departure Time:
Return Time:
Participant Information
Participant Name:
Date of Birth:
Allergies/Medical Conditions:
Emergency Contact
Contact Name:
Relationship to Participant:
Phone Number:

Parent/Guardian Consent

I give permission for my child to participate in the youth group boat trip.
Parent/Guardian Name:
Signature:
Date: