

**PERMISSION FORM FOR YOUTH ACTIVITIES
2011 - 2012**

**Lake Washington United Methodist Church
7525 132nd Avenue NE
Kirkland, Washington 98033
Phone: 425.885.3311 Fax: 425.861.4676**

Youth's Name _____ **Date** _____

Permission is given for any emergency medical attention needed (every effort will be made to contact the parent or guardian first.)

I understand that this releases the church from any liability occurred during Youth activities and outings from September 11, 2011 through September 23, 2012. (More detailed permission forms will be provided for outings such as inner-tubing/sledding or water activities.)

PARENT/GUARDIAN Signature _____

Address _____

Home Phone _____ Cell Phone _____

Doctor Name _____ Phone _____

Any allergies/Medications _____

Insurance Company _____

Policy Number _____