

**PERMISSION FORM FOR TWEENER ACTIVITIES  
2014 - 2015**

**Lake Washington United Methodist Church  
7525 132<sup>nd</sup> Avenue NE  
Kirkland, Washington 98033  
Phone: 425.885.3311; Fax: 425.861.4676  
www.lwumc.com**

**Tweener'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 Tweener activities and outings from September 28, 2014 through September 30, 2015. (More detailed permission forms will be provided for outings such as inner-tubing/sledding or water activities.)**

PARENT/GUARDIAN Signature \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Mom Cell \_\_\_\_\_ Dad Cell \_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Any allergies/Medications \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_