



**Sharptown Youth
2023 - 2024
Permission Slip**

STUDENT NAME: _____		GRADE: _____	DOB: _____
HOME ADDRESS: _____		STUDENT EMAIL: _____	
CITY: _____	ZIP: _____	CELL: _____	
MOTHER'S NAME: _____	EMAIL: _____	CELL: _____	
FATHER'S NAME: _____	EMAIL: _____	CELL: _____	
EMERGENCY CONTACT'S NAME & NUMBER: _____			
STUDENT'S ALLERGIES/DIETARY RESTRICTIONS: _____			
CURRENT MEDICATIONS/ACTIVITY RESTRICTIONS: _____			
MEDICAL INSURANCE CO. _____		POLICY #: _____	
PARTICIPANT I.D. NUMBER: _____		MED. INSURANCE PHONE: _____	

I give permission for _____ to participate in activities of Sharptown United Methodist Church & Sharptown Youth on church property & elsewhere. By signing below, I fully understand that I release Sharptown UMC, its staff, volunteers, from any and all liability of any kind for any injury. I agree to indemnify SUMC, its staff and any volunteers for any and all liability for injuries to my student on or off SUMC property. I also understand it is my responsibility to update Erika Bickhart with any and all medical concerns regarding my student.

Signature: _____ Date: _____

I give permission for my student to travel with other students/youth accompanied by at least 1 cleared, adult volunteer or staff member.

Signature: _____ Date: _____

I understand that my student may be photographed or videotaped while participating in activities for Sharptown Youth or SUMC. Therefore, I give my consent for my students' recognizable image to be published or posted on the Sharptown Church Social Media and/or website. I also understand that a non-recognizable photo or video may be posted.

Signature: _____ Date: _____