## UNIVERISTY PARK UNITED METHODIST CHURCH 4024 Caruth Blvd. Dallas, TX

Beth Johnson - bjohnson@upumc.org; 972-679-3421

## Permission Form for Local Youth Ministry Activities

**Activities may include**, but are not limited to: Carpooling with youth ministry volunteers and staff, playing being outdoors, and being active. Parents/guardians please ask any questions to the youth ministry staff.

|  | has my permission t   | o participate in |
|--|---|------------------|
| Name of Student  |   |                  |
| City Square Service Event, 2/11/2018 spo   | onsored by University Park United Method  | dist Church      |
| and led by <u>Beth Johnson</u> .   |   |                  |
| Student signature:   | Date:   |                  |
| Parent/Guardian signature :  | Date:   |                  |
| archiv Guardian signature  |   |                  |
| Tarenty Guardian signature   |   |                  |
| IF YOU DO NOT H  | AVE A FORM ON FILE WITH UPUMC,  |                  |
| IF YOU DO NOT H  |   |                  |
| IF YOU DO NOT H  | AVE A FORM ON FILE WITH UPUMC,  |                  |
| <b>IF YOU DO NOT H</b><br>PLEASE CONTIN  | AVE A FORM ON FILE WITH UPUMC,<br>NUE TO FILL OUT THE FOLLOWING:                                |                  |
| IF YOU DO NOT H<br>PLEASE CONTIN<br>Please print in ink  | AVE A FORM ON FILE WITH UPUMC,<br>NUE TO FILL OUT THE FOLLOWING:                                |                  |
| IF YOU DO NOT H<br>PLEASE CONTIN<br>Please print in ink<br>Student Name:                                     | AVE A FORM ON FILE WITH UPUMC, IUE TO FILL OUT THE FOLLOWING:                                   |                  |
| IF YOU DO NOT H<br>PLEASE CONTIN<br>Please print in ink<br>Student Name:<br>Medical insurance company        | AVE A FORM ON FILE WITH UPUMC, NUE TO FILL OUT THE FOLLOWING:  Policy # Phone: Home             | Work             |
| IF YOU DO NOT H. PLEASE CONTIN  Please print in ink  Student Name:  Medical insurance company  Mother's name | AVE A FORM ON FILE WITH UPUMC, NUE TO FILL OUT THE FOLLOWING:  Policy # Phone: Home Phone: Home | Work             |