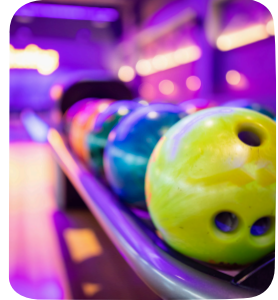


Youth Group Bowling Party Permission Slip



Date :

Time :

Location :

Contact Person :

Participant Information

Youth Name : **Age** :

Parent/guardian Name : **Emergency Contact Number** :

Medical Information

Allergies : **Medications** :

Special Needs :

Permission Statement:

I, [Parent/Guardian Full Name, give permission for my child, [Participant's Full Name], to participate in the church youth group bowling party. I understand that transportation will be provided by the church and that the event will be supervised by the church staff and volunteers. I also authorize the event organizers to seek medical attention for my child in case of an emergency.

Parent/Guardian Signature :

Date :

Youth Group Bowling Party Permission Slip



Acknowledgement:

Youth Group Leader :

Signature :

Date :

Please return this permission Slip by March 16, 2025.