



## ARLINGTON CHURCH OF CHRIST YOUTH PERMISSION SLIP & YOUTH GUEST PERMISSION FORM

I give permission for my child to attend regularly scheduled youth activities sponsored by Arlington Church of Christ. I understand that this slip will be used for the year 2010. I will be informed through the bulletin or from my child when activities are scheduled. I also understand that my child will not be permitted to go with the group if this form is not returned to the youth directors. I also understand that my child will need spending money for meals, etc. **Youth: You will be informed when you can take a guest to an outing. That guest will also need a permission slip signed by their parent or guardian. Your parent cannot sign their permission slip. You will also be informed through the bulletin or your teacher or the youth directors when an event is planned. Sometimes there may be attendance requirements and you will not always be permitted to bring a guest.**

Any questions please feel free to call us.  
703-501-2715

Yes my child has permission to attend youth functions with the Arlington Church of Christ Youth Group this year. My signature confirms that I will not hold Arlington Church of Christ or its leaders responsible for any accidents or problems that may occur. I give permission to the youth ministers to seek medical help for my child in case of an emergency.

Name of Child \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

Nighttime Telephone Number \_\_\_\_\_

Any medical problems or allergies please explain on the back of this form.

Insurance Information:

Policy Holder \_\_\_\_\_ Name of Insurance Co. \_\_\_\_\_

Policy Number/group number \_\_\_\_\_ Please attach a copy of the insurance card.

FOR GUESTS OF AYG YOUTH: Please also fill out the bottom of this form.

Activity attending: \_\_\_\_\_

Date: \_\_\_\_\_

Guest of: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_