

**SAPC YOUTH GROUP GENERAL PERMISSION/INFORMATION  
FORM FOR RETURNING YOUTH  
2011-2012**

YOUTH NAME	GRADE	SCHOOL	HOBBIES/INTERESTS/SPORTS

**Parent/Guardian Name(s):** \_\_\_\_\_

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

**Email address:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_ **Work Phone #:**

\_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Emergency contact (if parent / guardian cannot be reached):**

**Name:** \_\_\_\_\_ **Relationship to youth:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Please list below any changes to the information provided for each youth on the detailed forms from last year (e.g. medical information, insurance, allergies):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE READ, SIGN AND DATE THE FOLLOWING:**

I, \_\_\_\_\_

Parent/Guardian

give my youth, \_\_\_\_\_

Youth Name(s)

permission to participate in the meetings, activities, and outings sponsored by the Selwyn Avenue Presbyterian Church youth program. I further give my permission for my youth to ride in any vehicle designated by the adult in whose care my youth has been entrusted while participating in sponsored activities. If my youth requires emergency medical attention, I hereby give permission to the adult leader(s) in charge to authorize treatment for my youth as named herein:

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give permission to use my youth's name and picture in church materials or on the church website:

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*PLEASE NOTE: The leadership team of Selwyn Avenue Presbyterian Church will treat the information provided here confidentially. This information may be shared with a third party when it concerns medical health or care of the youth.*