



# Youth Group Permission Slip

I give \_\_\_\_\_ permission to attend  
(name of youth)

\_\_\_\_\_ with the EPCC Youth Group on \_\_\_\_\_.  
(name of activity) (date)

I understand all reasonable safety precautions will be taken by Elk Plain Community Church and its agents during the events and activities. I authorize any treatment by an accredited hospital and or physician deemed necessary for the subject of the release in case of an emergency. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Elk Plain Community Church, its leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

1. Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/guardian printed name: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

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