

Royston First UMC

Tweens Ministry

Tweens Parent Leaders: Candy Smith & Lisa Dilworth

Tween Leaders: Boyd Guttery & Matt Carr

General Parental Permission Slip

This is a general permission slip to be held on file granting permission for my child:

1. To be picked up on the RFUMC Church Bus from a Franklin County Bus Stop here in Royston, Ga, and be transferred to our Church for afterschool activities beginning at 4 and ending at 5:25pm on the Wednesdays the Tweens have a set meeting. You agree to be responsible for picking your child up at the designated times set by the Tweens program. If someone other than you will be picking up your child, you as the parent will need to speak directly to the Tween Leader. YES: _____ NO: _____
2. Should the occasion arise, you grant your child permission to travel with RFUMC Youth/YA Group on any and all church sanctioned day trips. *I understand that I will be given prior notice* of each particular trip or event detailing departure and arrival times. I further understand that a separate permission slip form must be signed in order for my child to travel overnight with the Youth Group.
YES: _____ NO: _____

In compliance with UMC Safe Sanctuary Rules, my son/daughter, _____ is hereby granted permission to attend church sponsored events as described above. It is my understanding that every precaution for safety will be taken for those attending and that proper supervision will be provided by the church. I also grant permission for emergency medical care.

I also hereby grant permission for any pictures taken of my son/daughter at this event to be used by the church, to include our web site. YES: _____ NO: _____

EMERGENCY INFORMATION

Mom: _____ Cell _____ Text? _____

Dad: _____ Cell _____ Text? _____

Guardian: _____ Cell _____ Text? _____

Home Number: _____ Other _____

Mom work: _____ Dad work: _____ Guardian work: _____

E-mail: Mom: _____ Dad: _____ Or Guardian: _____

Mailing Address: _____

Insurance information: *Please attach a copy of your Health Insurance Card*

Parent or Guardian Signature:

Date:

Printed Name _____