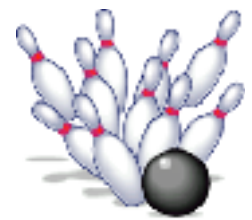


**Trinity Youth Ministry
Parental Permission Slip
Circuit Six Lock-Out**



All TYM Jr. & Sr. Youth are invited to join us for a LOCK-Out in the Merrill area. We will be meeting at 10:30 p.m. on Friday, November 10th at Trinity School and heading to St. Johns Merrill. The cost for this lock-out includes bowling, watching a movie, and a few other activities. We will also be stopping for breakfast as a group. We will be returning at around 6:30 a.m. on the Saturday, November 11th. The cost is \$15.00 per youth plus money for breakfast. This is a Circuit event so the first to turn in their slip and money will be the first to go.

PARENTS: If you are willing to drive or chaperone this event... please contact Pat at 551-8768. We need a ratio of 1 parent for every 7 youth.

****Your permission slips must be turned in to Pat Stark****



Please return lower half and keep upper half for your records

Name: _____ Grade: _____

Parent(s) Phone # _____ Home: (____) _____ - _____
(Where They Can Be Reached During Event) Cell: (____) _____ - _____

Please fill in if you haven't done so yet this school year or if information has changed since our last activity that your child attended.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by **Trinity Youth Ministry**.



HOSPITAL INSURANCE: YES NO

INSURANCE COMPANY: _____

POLICY NUMBER: _____

GROUP NUMBER: _____

EMERGENCY PHONE: (____) _____ - _____

NAME & RELATIONSHIP: _____

PARENT OR GUARDIAN SIGNATURE: _____

On the back of this page, please list any and all allergies and/or special medical problems your child may have. Thank you!

Parents:

I am **Willing to Drive** and can hold ____ People

(including yourself)

I am **Willing to Chaperone** during the event.

Please let Pat Stark (551-8768) know if you are willing to help during this event.