

FUMC Graham Permission Form

Date & Time: Friday, January 24 6-11pm

Place: GLOW night trip to Sky Zone Trampoline Park

Call **Brian Yoder** at **919-428-1841** with any questions.

Child's Printed Name: _____

Home Address: _____

Emergency Contact _____

Relationship to Child _____

Emergency Contact Number _____

Health Insurance Company: _____

Policy # _____

Allergies _____

I give FUMC Graham authorization to transport my child to/from the Sky Zone Trampoline Park using the church bus, church van, or personal vehicles. Should emergency medical treatment be necessary while providing transportation, I authorize the adult leaders to act on my behalf and approve appropriate treatment if I cannot be reached.

I do hereby release the First United Methodist Church of Graham, the Church Staff, all sponsors and volunteers involved with this trip from any and all liability resulting from physical injury, property damage, or other injury or damage which occurs in connection with the trip.

(Parent/Legal Guardian printed name)

(Parent/Legal Guardian signature)

(Date signed)