



Parent Permission Form

To the Parent or Guardian:

This form is to be completed by the parent or guardian.

Participant's Name _____ Date of Birth _____
Last First Middle
Address _____ Parent's Name _____
City _____ Prov/State _____ Postal Code/Zip _____ Country _____

Activities:

For each activity, check the box for "Yes" or "No"

I give **Youth For Jesus** permission for my child to go on any program-approved, sponsored trip with a program driver or church authorized driver. In case of accident or medical emergency on such trips, I will not hold **Youth For Jesus** responsible for incurred losses or injuries to my child.

Under program supervision, my child has my consent to

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Swim	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Go boating
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Drive a go-kart	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Go whitewater rafting
<input type="checkbox"/> Yes	<input type="checkbox"/> No	water ski	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Go horseback riding
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Go on caving expeditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Go camping
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ride bikes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Go hiking
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do literature evangelism.			

Vehicle / Transportation

I give my permission for my child to ride with the following **relatives/family friend** as drivers for trips during the program. I will not hold **Youth For Jesus** responsible for incurred losses or injury to my child while on such trips.

Driver's Name _____	Relationship _____	Age _____	Phone _____
Address _____	City _____ State _____	Zip _____	
Driver's Name _____	Relationship _____	Age _____	Phone _____
Address _____	City _____ State _____	Zip _____	
Driver's Name _____	Relationship _____	Age _____	Phone _____
Address _____	City _____ State _____	Zip _____	

Signed _____ Date _____
Signature of Parent / Guardian

State of _____ County of _____

Sworn to and subscribed before me this _____ day of _____, 20____

Notary Public My commission expires _____