

## PERMISSION FORM

\_\_\_\_\_ has my permission to attend  
(name)

\_\_\_\_\_ at Saint Paul Lutheran Church,  
(event)

250 Trinity Road, York on \_\_\_\_\_ . I understand that Saint Paul  
(date)

Lutheran Church, its Pastors, Members or Youth Leaders can not be held liable for any injuries or accidents and the youth will abide by the church rules for the duration of the event.

In case of emergency, \_\_\_\_\_ can be reached at  
(name)

\_\_\_\_\_ or \_\_\_\_\_  
(phone no.) (cell phone)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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