

**SALEM UMC YOUTH**  
***2010-2011 Rally in Praise and Prayer***  
***Permission Slip and Travel Form***

\*In the case of an event occurring during the 2010-2011 school year that I DO NOT want my child participating in, I understand that I will need to provide a written letter stating such prior to the event.

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**REGISTRATION INFORMATION - Please fill out one form per family.**

Name(s): \_\_\_\_\_ M \_\_\_ F \_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

Age(s) \_\_\_\_\_ Grade(s) Completed \_\_\_\_\_

In case of Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or other conditions, which may limit activities: \_\_\_\_\_

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**Medical Treatment Release**

The purpose of this Medical Treatment Release is to permit the treatment of persons who become ill or injured during any of our monthly service or social outings from Salem United Methodist Church. In the event of injury or illness, every reasonable attempt will be made to contact the parent(s)/guardian(s) listed below.

The undersigned parent(s)/guardian authorizes representatives of Salem United Methodist Church to secure medical/dental treatment for \_\_\_\_\_ (name of trip participant(s)) in case of any illness or accident for which the event director/responsible adult or first aid personnel feels professional medical attention is required. I/we hereby give permission to the administration of any and all necessary medical treatment by a licensed physician or dentist in his/her office or at a hospital.

Parent(s)/Guardian Signature \_\_\_\_\_

Relationship to Participant \_\_\_\_\_ Date \_\_\_\_\_

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**Transportation Permission Slip**

I give permission for (name of child or children) \_\_\_\_\_ to go on Salem UMC youth service and social activities during the 2010-2011 school year. I understand my child will be transported by transportation provided by Salem United Methodist Church representatives and grant permission for this transportation between the Salem United Methodist church and any activity of Salem UMC including any side stops that might occur in route.

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_