



Sunday Night Youth Activity Permission Slip Duncan Memorial United Methodist Youth

Name: _____

Date of Birth: _____ Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's Name: _____ Phone: Work/Cell _____

_____ Work/Cell _____

Emergency Contact: _____ Phone: _____

I hereby give _____ permission to attend Sunday night youth activities that may occur off church grounds and the Randolph-Macon College campus. These activities will include local service /mission projects and fellowship activities. Parents / guardians will be notified in advance of the activity and its location. All transportation will be provided by a licensed adult 21 years of age or older. Youth who are old enough to drive must provide written permission from their parents and will only be allowed to transport themselves and their siblings (no exceptions for friends will be made).

Parent/Guardian Signature:

_____ Date: _____
(Print) _____

Youth Signature (required for youth 16 and older):

_____ Date: _____
(Print) _____