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| Allergies or other Medical Conditions: |
|  | Emergency Contact: |
| Phone: ( ) |
| Relationship to Child: |

Parent Signature:

**Austinburg First United Church of Christ**

**Youth Permission Slip**

**What: Sleepover**

**Where: First UCC Fellowship Hall**

**When: Sept. 17, 2016**

Registration Form

(One Per Child)

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| Child’s name:  | Child’s gender: |
| Child’s age: | Date of birth: | MediaRelease: Y / N | school grade entering:­­­­ |
| Name of parent(s): |
| Street address: |
| City: | State: | ZIP: |
| Home telephone: ( ) |
| Parent/caregiver’s cell phone: ( ) |
| Home e-mail address: |
| Home church: |