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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)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child’s name: | | | | Child’s  gender: | |
| Child’s age: | Date of  birth: | Media  Release: 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: | | | | | |