Blanket Youth Event Permission Slip



Haven Community Churc year. This policy applies t annual Youth Registration youth to be included in a	o all children and yon and Medical Infort	outh in grades six t	hrough twelve. Th		
Haven Community Churc for the period listed below attend a specific event. I	mitting this form, I hereby give permission for to participate with the Community Church children or youth groups, at any and all off-campus, church approved events period listed below. I will notify the specific group leaders if my child does not have permission to a specific event. I have completed the annual Consent to Medical Treatment Form and it is on file the Church. I accept responsibility for payment of any and all expenses required for a specific local, event.				
In submitting this form, I Church or any of its agen campus, Church-sponsor	ts liable for injuries		•	lts nor Haven Community youth during any off-	
Approved Period	 Beginning Date	 Ending Date			
We suggest you select Septembask for updated submissions, b					
A separate Permissio event or trip that req New Castle County, I	uires transporta	•			
Parent/Guardian Name					
Parent/Guardian Phone					
Parent/Guardian Email					
Signature:		Date:			