

Youth Group Permission Slip

I give(Student's Name)	_ permission to attend
events with the Velocity Youth Gr	
school year.	
I understand all reasonable safety precauti	ons will be taken at all times by
Woodville Grace Brethren Church and its v	olunteers during the events and
activities. I authorize any treatment by an a	accredited hospital and/or
physician deemed necessary for the subject	t of the release in case of an
emergency. I understand the possibility of	unforeseen hazards and know the
inherent possibility of risk. I agree not to he	old Woodville Grace Brethren
Church, its leaders, employees, and volunte	eer staff liable for damages, losses,
diseases, or injuries incurred by the subject	of this form.
Emergency Contact:	
Phone:	
Emergency Contact:	
Phone:	
Parent/Guardian Name:	
Signature:	