

KS West Conference UMC

Activity Permission Form

I give permission for _____

to participate in the following activity: **Wichita West District Mini-Camp**

On the following date: **April 04, 2009**

Time: **4:00-9:00 pm**

and to receive transportation for this activity by a responsible adult from their local church. I understand that the *KS West Conference* is not responsible for my youth if he/she chooses to not participate in the planned program or leaves without permission.

My youth may receive medical treatment needed in the case of emergency. Effort will be made to contact me as soon as possible.

Please list any allergies, medications, or pertinent health information:

Health Insurance Company: _____

Policy Number: _____

Signature of parent/guardian: _____

Phone number: _____

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