



FUMCCG YOUTH PERMISSION FORM

Outing to Movie: Breakthrough on Sunday April 28th, 2019

As a parent/legal guardian of _____,
First name, Last name of youth

I have REVIEWED the information about the **Breakthrough Movie Outing. Youth will meet in the Youth room for lunch and fellowship at 12pm. We will leave the church premises at 1:15pm. Arrival and registration at Coconut Grove Movie Theater begins at 1:25pm. Showing is from 2pm-4pm. We will return to the church parking lot around 4:30. Students will text parent 10-15 minutes before arriving to the church after the movie .** I give permission for the student to be involved in the overall activity.

I/We have reviewed the conduct guidelines, and agree that my youth will abide in them. I/We also acknowledge that if my youth has to return home early for disciplinary violations, it will be at my/our expense.

I/We understand that all responsible safety precautions will be taken at all times by FUMCCG YOUTH during the events and activities. I/We authorize any treatment by accredited hospital and or physician deemed necessary for my youth in case of emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold FUMCCG, its leaders, employees and volunteer staff liable for any damages, losses, diseases or injuries incurred by the student of this form.

Parent/Guardian Name (Please Print)

Parent Signature

Date of signature

Best Contact Number: _____

Indicate any food allergies and/or medical conditions: _____
