



EVENT PERMISSION SLIP

To be completed by the appropriate Living Hope Lighthouse YAK personnel.

Event Name: _____ Event Date: _____
Event Start Time: _____ Event End Time: _____
Event Drop Off Location _____
Event Pick Up Location: _____
Event Description: _____

To be completed by the parent/guardian of youth members.

Youth Name: _____ Age: _____ Birthdate: __/__/____
Address: _____

Primary Phone Number: _____
In case of emergency, please provide us with the following information:
Parent/Guardian Name: _____
Parent/Guardian Number: _____
E Mail: _____
Food/Seasonal/Medical Allergies: _____

Any Medical Conditions We Should Be Aware Of: _____

I, _____, give permission for my child named above to attend this event as well as be included in any photographs/ videos which may be published in some capacity as a result thereof.

Signature: _____ Parent/Guardian (Circle)
Date: _____