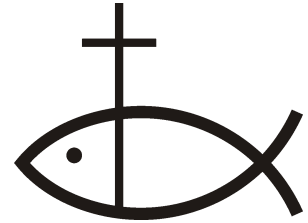


BUMC Youth Permission Slip

Batavia United Methodist Church
8 North Batavia Ave
Batavia, IL 60510
(630) 879-7060



Event Name: _____ **Event Date:** _____

I, _____ (name of parent/guardian) give my permission for
_____ (name of youth) to attend the above event as a participant
with the Batavia United Methodist Youth. I have read and discussed the behavior covenant listed below with
my child and we are in full agreement.

- _____ I have a current medical release form on file in the youth office.
- _____ I need a medical release form to complete and sign for my student.
- _____ I have enclosed any deposits/payments due. Amount enclosed:

This consent form gives Batavia United Methodist Church staff and volunteer staff permission to seek whatever medical attention is deemed necessary, and releases Batavia United Methodist Church staff and volunteer staff of any liability against personal losses of named child.

Parent/Guardian Signature _____ Date _____

Home Phone _____ Cell Phone _____

E-Mail _____

Other contact information during the event _____

Is there anything we should know about your child? _____

Behavior Covenant

All persons attending a BUMC event shall abide by the following rules as we engage in Christian Community:

1. I will treat all persons as persons of worth
2. I will respect all adult leaders
3. I will respect all youth participants
4. I will refrain from language or activities that are not compatible to a Christian community