



PERMISSION SLIP

I hereby give permission for my daughter/son to participate in the following church activity:

Youth's Name: [print] _____

Church Activity: [print] _____
CLC Members may indicate "ALL ACTIVITIES"

Date of Activity: _____
For all activities - indicate "9/1/2015 -8/31/2016"

I authorize my child to be transported, as needed, via transportation approved by the church staff. I understand that should my child have special needs in regard to transportation or walking, as it may apply to this trip, it is my responsibility to inform the activity coordinator, a Youth board member, or the Pastor in advance.

I hereby acknowledge that the Medical Release Form on file with the church signed by the undersigned is up-to-date and in full force and effect.

I understand that the adult youth ministry leaders are responsible adults and I trust their abilities to be in charge of this group.

I understand that Christ Lutheran Church strives to maintain a safe environment for my child at all times. I understand that it is my responsibility to communicate any safety concerns to a Youth board member, the activity coordinator, or the Pastor immediately.

Parent/Legal Guardian Date Phone

----- [Cut here & keep the contact numbers below] -----

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