



# 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) -----

Bryan Piepenburg  
c 715-573-5549  
[bryan@bp3media.com](mailto:bryan@bp3media.com)

Bob Stolze  
c 715-574-2167