YOUTHROCK
Permission Slip

Student Name_____

Date _____ **Time** _____

Location_____

Parents Names_____

Contact Numbers_____**home** _____**cell**

I give my child permission to attend the activity involving Youthrock. I give permission for any medical treatment needed in case of an accident. I also agree not to hold Solid Rock Family church or Pastor Mike and Tara responsible for any accidents while attending the Youthrock activities. In case of questions and concerns contact the church at 573-893-4609.

Parents Signature_____

Emergency Contacts_____

Phone Number_____

Phone Number_____