

**Calvary United Methodist Church
Senior High Youth Fellowship**

PARENTAL CONSENT FORM

This form gives permission for my child to participate in the activity listed below:

NAME OF CHILD: _____

ACTIVITY/EVENT: _____

DATE: _____

Emergency phone #: _____

My child has a medical/liability release form on file for the 2008-2009 school year ___(y) ___(n)

Parent Signature: _____

Date: _____



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