

*Unitarian Universalist Church in Reston*  
Middle & High School  
**Permission Form**

**Date:** September 2010 through June 2011

**Purpose:** This permission form covers all participation in and transportation to and from area houses of worship in connection with UUCR's Neighboring Faiths and Coming of Age program. This permission form also includes release from supervised overnight lock-ins and retreats in connection with this program.

**Youth Agreement**

While participating in these activities, I accept responsibility for maintaining good conduct by following leaders' instructions and behaving with appropriate respect for others.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

**Parent or Guardian Permission**

I give permission for \_\_\_\_\_ to participate in these activities. I understand that church leaders will provide appropriate supervision. I hereby release UUCR and its leadership of any liability in connection with my dependent's participation.

In case of an emergency, I understand that an attempt will be made to contact me. If I cannot be reached, I authorize any licensed physician, hospital or clinic to provide all emergency treatment that may be required for my dependent.

The following lists any unusual medical problems or allergies my dependent has, or medicines he/she will bring: \_\_\_\_\_

My dependent's tetanus shots are current: Yes \_\_\_ No \_\_\_ (add date if possible: \_\_\_\_\_)

Parent/Guardian Home Phone \_\_\_\_\_

Parent/Guardian Daytime Work or Cell Phone \_\_\_\_\_

Optional Emergency Contact Name and Home/Cell Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_