

UNITARIAN UNIVERSALIST COMMUNITY OF CASPER

FIELD TRIP PERMISSION / RELEASE FORM

Participant's Name: _____

Age: _____

Event Name: _____

Date/Time: _____

*I give my permission for my child to attend the Unitarian Universalist Community of Casper sponsored-event and if needed/requested ride in a vehicle driven by a church volunteer. I understand that we will meet at _____(location) at _____(time). The RE committee will cover expenses related to admission and fees for each RE child/guest. ____ (Initials)

* In case of emergency, I permit the chaperones to seek appropriate medical attention for my child. I recognize that an effort will be made to contact me prior to the administration of medical treatment. _____ (initials)

Parent Name: _____ Contact Phone #: _____

Signed: _____ Date: _____

Insurance Company Name and Policy # _____

If you have any questions or concerns, please contact Annette Grochowski at 307-262-2458 or any member of the RE committee.

*****ALL YOUTH MUST HAVE A SIGNED PERMISSION / RELEASE FORM IN ORDER TO PARTICIPATE. PLEASE RETURN THE FORM TO THE EVENT COORDINATOR ON OR BEFORE THE EVENT DATE*****