

Youth Group Events 2019-2020 | Permission Slip | Calvary Chapel Poulsbo

Student Info

Full Name: _____

Birthdate: ____ / ____ / ____
Month Day Year

Phone Number: (____) - ____ - ____ Text me event reminders/updates *(check box)*

Email: _____ Email me event reminders/updates *(check box)*

School: _____

Grade: _____

Allergies: _____

Health Insurance Company: _____

Insurance Policy Number: _____

Parent / Legal Guardian Info

Emergency Contact: _____

Note: the emergency contact should be the legal guardian of the student.

Emergency Contact Phone Number: (____) - ____ - ____

Secondary Emergency Contact: _____

Secondary Emergency Contact Phone Number: (____) - ____ - ____

Parent/Guardian email(s): _____

Email me any youth-related updates *(check box)*

I, the legal guardian of my student, give permission to my student to participate in Calvary Chapel events, under the supervision of the church youth leaders.

Legal Guardian Signature: _____