

# UMYF Urban Retreat

My son/daughter \_\_\_\_\_ has my permission to participate in the 2008 UMYF Urban Retreat. I understand that youth will be participating in the San Francisco Food Bank and another service project. The trip begins the morning of Saturday, September 20<sup>th</sup> and youth will return the afternoon of Sunday, September 21<sup>st</sup>.

I understand that my child will be travelling in youth leaders cars and will be under the supervision of staff and youth leaders from the First United Methodist Church.

In case of a medical or dental emergency and in my absence the adult/parent/staff youth group advisors of the First United Methodist Church of Loomis have my permission to obtain medical and/or dental care for my child. I understand that I will be notified as soon as possible of my child's injuries.

Parent/Guardian \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
(Other than parent/guardian)

Insurance Company \_\_\_\_\_

Group/Policy Number \_\_\_\_\_

Any Special Needs/Allergies \_\_\_\_\_

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

This permission slip is due on Sunday, September 14, 2008.