

## WV NORTH DISTRICT Parental Consent

*Dear Parent or Guardian,*

Below are details for an outing that we are planning and would like to have your permission for your child to participate. Please be sure to complete this form (including your signature) and return it. We will be unable to allow any child to participate who does not have a signed consent form from their parent or legal guardian.

Who: Youth of the West Virginia North District

What: Annual District Youth and Missions Retreat

When: Fri. Nov. 6 to Sat. Nov. 7, 2009

Where: Cedar Lakes Conference Center, Ripley, WV

Why: to encourage our youth to answer God's call to ministry and mission.

Questions? Please contact: Sam Simoes, Event Director, at 304-476-7267.

Other Information: The cost is \$40 per person. (A 1:6 chaperone to student ratio is maintained.)

WV North District Youth Missions, Rt.1 Box 207, Grafton WV, 26354 [simoes351@gmail.com](mailto:simoes351@gmail.com)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_ Gender: \_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

I, \_\_\_\_\_, (printed name of parent/guardian) being the parent or legal guardian of \_\_\_\_\_, (printed name of minor) have been informed of the activity described above and sponsored by WV NORTH DISTRICT and hereby give my consent for my child to participate in this activity.

I understand that all reasonable safety precautions will be taken by the leaders of this activity and that the possibility of an unforeseen hazard does exist. I further agree not to hold WV NORTH DISTRICT, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

I also understand that my child is to be excluded from the following activities:

\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_