

Trinity Tower United Methodist Church  
UM Youth Fellowship  
Permission Form

I give permission for my child (children) to attend the UMFY event/activity listed below. With this permission slip, I will also make sure the church has an updated copy of the Medical Release Form.

EVENT- \_\_\_\_\_

DATE/TIME- \_\_\_\_\_

YOUTH (S) ATTENDING- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_