

ST. PETER IN CHAINS CHURCH

High School Youth Group

PERMISSION SLIP

Date _____

I hereby give my permission for _____

to attend the High School Youth Group Sunday night events that will take place through the 2011-2012 school year. Please see the schedule for more specific times and dates.

I understand that the activity will be properly supervised.

(Signature of Parent/Legal Guardian)

******Medical release forms on file for this year's youth group activities will be used in case of an emergency.**

******Separate permission slips will be needed for any activity that is not held on St. Peter's Church grounds.**