



UNION BAPTIST CHURCH

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www.unionbaptistwp.org

Reverend Dr. Verlin D. Williams, Pastor
Trustee Deborah DeVeaux, Chair of Trustees
Deacon Leroy A. Jones, Chairman of Deacons

UBC PERMISSION FORM

Activity Date: _____

Time: _____

Activity: _____

Please Check: I will participate

Youth Name: _____ **Age:** _____

Phone: _____ **Cell phone:** _____ **Email** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Parent/Guardian: _____ (please print)

Phone: _____ **Cell phone:** _____ **Email** _____

In the event of an emergency, if I am unreachable, please contact the following person(s):

Name(s): _____ **Relationship(s):** _____

Phone Number(s): _____ **or** _____

Please note if your child/participant has any food allergies: _____

As Parent/Guardian of _____, by my signature below, I hereby authorize that if required, emergency medical treatment be administered to my child/participant if I cannot be contacted. I understand the youth taking this trip will be accompanied by adult chaperones and that every precaution shall be taken to safeguard the welfare of the students while on the trip, but the Union Baptist Church cannot be held responsible in the event of any accident or injury occurring while on this trip.

I authorize release of photos that may be taken at this activity for future use by Union Baptist Church. yes no

Parent/Guardian Signature

Date

"The Church in the Heart of the Community with the People of the Community in its Heart"

Revised: April 9, 2014