



BUMY Permission Slip

My child _____ has my
permission to attend (event) _____
on (date) _____

In case of emergency, I may be contacted at (home phone or cell phone)
_____.

In the event I cannot be reached, I authorize any of the adult leaders to act on
my behalf to obtain medical treatment.

In consideration of the possibility injuries could occur in this event, I
hereby release all participating groups and all persons officially connected
with this event from any and all liability for any injury or damages
whatsoever arising from any participation in this event.

Signature _____

Date: _____

Cell phone # _____

Yes, I can drive _____

RSVP to Mrs Shipley at 871-2082 or amy_bumc@sbcglobal.net

Leave BUMC _____

Return to BUMC _____

Cost: _____

Thank you
Amy Shipley