

# Parent Release Form

I, \_\_\_\_\_ give permission

as legal parent/guardian of \_\_\_\_\_

to travel to the *Community Bible Fellowship* (Reality Check Youth Ministry) event:

LiveLove Conference

Departing on: March 27, 2009

Returning on: March 29, 2009

Location of Event: Oklahoma City, Oklahoma

## Student's information

Name: \_\_\_\_\_

## Parent Contact Info

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

## Emergency Contact Info

**In the event of an emergency contact these people:**

Name: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

Date: \_\_\_\_\_