

Youth Driving Permission Slip
UBarU
Youth Programming
(One Per Youth)

Date _____

Youth's Name _____

Parent/Guardian's Name _____

Parent contact information:

Home Phone: (____) _____ Cell phone: (____) _____

Email address: _____

Child/Youth contact information:

Cell Phone: (____) _____

Parent/Guardian Authorization

I am the parent or legal guardian of _____ (child's name). I hereby give my consent and authority for my child to drive themselves to and from the youth event at UBarU to be held beginning on _____ (date) and concluding on _____ (date). I hereby do absolve the staff and UBarU of liability associated with my child's driving to and from this event. My child also understands that they will be required to get at least 8 hours of sleep on the night before driving home and will need to go to bed early enough to assure this. We also commit that no other youth will travel in the vehicle operated by my child unless notified by camp management that the parents of any passengers have filled out the appropriate permissions.

Print Name

Signature

This completed form MUST be received at least 24 hours prior to the start of the event. It is preferred that the signed form be scanned and emailed to: donnaharrison@yahoo.com and camps@ubaru.org.