

Youth Passenger 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 be driven to UBarU Camp & Retreat Center. The driver's name is _____ . They will travel to the event on _____ (date) and return on _____ (date). I hereby do absolve the staff and UBarU of liability associated with my child's driving to and from this event.

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: director@ubaru.org.