

**POHICK EPISCOPAL CHURCH  
9301 RICHMOND HIGHWAY  
LORTON, VIRGINIA 22079**

**Participation Permission Slip**  
**Please Print All Information**

Youth's Name: \_\_\_\_\_  
Last First

Youth's Name: \_\_\_\_\_  
Last First

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

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

**Phone number where a Parent/Guardian can be reached during this event:**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**TO BE COMPLETED BY PARENT/GUARDIAN:**

By signing below I verify that the Medical Information Sheet is correct.

I hereby give my permission for the above youth to participate in \_\_\_\_\_.

I understand that transportation will be by private vehicles and that Pohick Church will provide adequate supervision for this trip. My youth fully understands that the use of alcoholic beverages and/or drugs and/or smoking and/or sexual activity is prohibited and that such use will result in him/her being ineligible to participate in future youth group activities. If a participant does not follow this policy, the adult leadership reserves the right to require that the parent/guardian immediately provide his/her transportation home. I will not hold Pohick Episcopal Church or the supervising adults liable for any accident to my youth or injury which may occur while on this trip or theft/damage to any personal property.

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Parent/Guardian signature

Date signed

**TO BE COMPLETED BY YOUTH ATTENDING EVENT:**

I/we understand that this event has been carefully planned for the enjoyment and benefit of each participant. I/we agree to abide by the policies established and to cooperate with the leadership of the event for the benefit of all. If I/we do not follow this policy, the adult leadership reserves the right to require that my /our parent/guardian immediately provide for my/our transportation home.

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Youth signature

Date signed

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Youth signature

Date signed