

Cornerstone District Council on Youth Ministries
PRESENTS

DCYM “Extreme” Skating/Broomball

Sunday February 21, 2010
3:00 p.m. – 6:30 p.m.

PARENT PERMISSION SLIP

I, (name) _____ give my permission for my
child (name) _____ to

participate in the DCYM “Extreme” Skating/Broomball Event on February
21, 2010, at the Jamestown Savings Bank Ice Arena.

I also give my permission for this child to be given medical attention if the
youth group leader deems it necessary.

I will be available at (phone #) _____ during the event.

If I cannot be reached, please call:

Name _____ Phone: _____

Signature of parent/guardian: _____

Date: _____