

2019-20 Youth Bus Form

Arlington United Methodist Church

1400 University Blvd N, Jacksonville, FL 32211 (904) 743-1400

This form is to be completely filled out and signed by a parent or legal guardian before a child may ride the bus.

Please Print:

Child's Name:

Relationship To You:

Age:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent or Legal Guardian _____

Email Address _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Emergency Phone _____

If any of the above have allergic reaction to any medications please list below:

I, hereby give my permission for all children listed above to ride the bus, and to participate in activities with Arlington United Methodist Church. I understand that my children will be under adult supervision at all times. I further understand that in signing this permission slip, I release Arlington United Methodist Church, its employees, it's Fellowship, and any volunteers from any liability, past or future, fully and completely. I authorize the executive staff or designated medical professionals to administer emergency medical assistance if I cannot be reached.

_____ Signature of Parent or Legal Guardian

_____ Date