

Parental Consent Form

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached I hereby give Young Life the permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary. I absolve Young Life from liability in action in my behalf in this regard so long as Young Life is not grossly negligent. I hereby grant permission to Young Life the right to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Young Life.

Child's Name

Insurance Company

Policy #

Drug/Alcohol Policy Agreement

Drugs and alcohol are strictly forbidden on any Young Life trip and/or Young Life function. Anyone caught with drugs or alcohol at Windy Gap will be sent home from our trip at their parents' expense.

Parent Signature Date

Asheville/Buncombe County Young Life
199 A Elkwood Ave
Asheville, NC 28804



**Windy Gap Weekend
December 9-11, 2011**

Main Inside Heading



Caption describing picture or graphic.

Use this space to provide more detailed information about your products or services. You can also include a graphic of a product or service.

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Price List

List your product or service here \$0.00
Include description if necessary.

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	DME TAX & ACCOUNTING INC
Primary Business Address Your Address Line 2 Your Address Line 3 Phone: 561-319-2259 Fax: 800-939-2314 E-mail: mikepb69@gmail.com	