

**CALVARY CHAPEL LA MIRADA  
YOUTH PERMISSION SLIP**

Name: \_\_\_\_\_ Grade 06-07 \_\_\_\_\_

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

Home Phone ( ) - - Work Phone ( ) - -

Parent or Legal Guardian Name \_\_\_\_\_

Cell Phone or Pager ( ) - -

I/We hereby give my/our permission for my/our child \_\_\_\_\_ to attend:

**Calvary Chapel La Mirada  
Jr. High, 5<sup>th</sup> & 6<sup>th</sup> Grade Retreat  
June 22, 2006 through June 24, 2006  
at Calicinto Ranch in San Jacinto, CA**

I/We understand that there will be adult supervision at these events. I/We also understand that if there are any disciplinary problems with the above named child, it will be our responsibility to pick up our child at the site of the above event and they will not be eligible for future events without specific approval of the Calvary Chapel La Mirada leadership.

I also acknowledge that my/our child, \_\_\_\_\_, has a Youth Medical Release Form on file with Calvary Chapel La Mirada for the period of June 11, 2006 through June 30, 2007.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian