Effective Dates :

_____ to _____

Rincon United Methodist Church

Transportation Authorization of Release

Please print in Ink.

Youth/Child Name _____ Age _____ ☐ Male ☐ Female
LAST FIRST

Address: _____ City _____ State _____ Zip _____

Phone: _____ Cell _____

By my signature, I _____, the parent/guardian of

_____, grant my permission for him/her to ride with

_____, the Rincon United Methodist Church Adult Representative;

or

_____, the Rincon United Methodist Church Adult Representative.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____