

PARENT/GUARDIAN CONSENT FORM

I _____ am the parent or legal guardian of _____
(hereinafter "my child"), and I am informed of the activity _____

_____ offered by New Life Christian Fellowship's Youth Group, located at 1574 W. State Road 234, Fortville, IN 46040, beginning: _____ and ending on the day of _____.

As Parent or legal Guardian of my child, I hereby give consent for my child to attend and participate in all activities provided by New Life Christian Fellowship.

(Parent or Guardian if youth is minor or dependant) Signature _____ Date _____

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