

**Southern California Conference Young People's and Children's Division
of the Women's Missionary Society African Methodist Episcopal Church
Permission to Travel**

NAME _____
(Please Print)

ADDRESS: _____

CITY: _____ Zip _____

Phone: (____) _____ Sex: ____ Male ____ Female

AGE: ____ Birth Date: _____

Name of Church: _____

Church Address: _____ Phone _____

City: _____ Zip _____

Pastor: _____

Local YPD Director's Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____
(please print)

Signature _____ Date: _____
(This form must be signed by parent/guardian if participant is under the age of 26 years)

**PERSON OTHER THAN PARENT TO BE NOTIFIED IN AN EMERGENCY SITUATION WHEN
PARENT(S) ARE NOT AVAILABLE**

Name: _____

Address: _____

Relationship: _____ Phone _____

NOTE: Complete this Form and Submit along with the Medical Consent Form to your Local YPD Director Coordinator