

New York Annual Conference Cooperative School of Christian Mission  
Parental Consent Form for Youth Participants (ages 13-17 years)  
July 23- 25<sup>th</sup>, 2009

I give my permission for my child (name) \_\_\_\_\_ to participate in the New York Annual Conference Cooperative School of Christian Mission (CSOCM) to be held at Western Connecticut State University, Danbury, CT. from **Thursday, July 23 – Saturday 25th. 2009**

I am aware of the purpose of this event and understand the scope and nature of the programs and activities my child will participate in during the event. I have read the covenant that my child has signed, and I understand the responsibilities to which my child has agreed. I will support my child in fulfilling this covenant.

(check ONE below)

I will be at the CSOCM and will be responsible for my child.

**OR**

I designate \_\_\_\_\_ (name of designated adult *in loco parentis*, age 25 or older) to be the sponsor for my child during the CSOCM, and will be responsible for decisions regarding emergency health care. I have read and understand the policies and procedures for this event.

\_\_\_\_\_  
Signature of Parent /Legal Guardian \_\_\_\_\_  
Date

Print Name of Parent/Legal Guardian \_\_\_\_\_

Date of Birth of Youth \_\_\_\_\_

Phone # Home \_\_\_\_\_ Phone # Work \_\_\_\_\_

Cell # \_\_\_\_\_

**Please return this form along with your registration form to:**

**Douglas Nicholson, Registrar, 190 Springdale Dr., Ronkonkoma, NY 11779**  
(Adapted from Women's Division Parental Consent Form for Teen Women at Division Sponsored Events and Meetings)