

**New York Annual Conference Cooperative School of Christian Mission**  
**July 23<sup>rd</sup> – 25<sup>th</sup>, 2009**  
**Parental Consent Form for Children Participants (ages up to 12 years)**

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<sup>rd</sup> – Saturday 25<sup>th</sup>. 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.

(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 Child \_\_\_\_\_

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)*