



St. Matthew Lutheran Church Warrens, WI

Universal Permission Form

YOUTH INFORMATION

Name _____ Grade _____ DOB _____ Male/Female

Nickname _____ School: _____

Primary Address: _____

Secondary Address: _____

Youth Email _____

Youth Home Phone _____ Youth Cell Phone _____

PARENT/ GUARDIAN INFORMATION

Name(s) _____

Email(s) _____

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

EMERGENCY CONTACT

Name _____ # _____ Relation? _____

Name _____ # _____ Relation? _____