

**UUCA YOUTH OVERNIGHT PERMISSION FORM
AND EXPLANATION OF RULES**

I, _____, understand that my youth
_____ will be spending the night at UUCA on
_____ for the (event) _____.

I understand that UUCA and the designated adult chaperones/facilitators are not liable for my child's actions, or the consequences of these actions. I also authorize the supervising adults and attending physicians to administer any medical treatment deemed necessary. I have read and understand the rules and realize that if my child breaks a rule and is ejected from the meeting, I am responsible for his/her transportation home.

_____ (Parent/Guardian Signature)

_____ Print Name

_____ Phone numbers during this event

RULES: MUST BE SIGNED BY ALL!

- **No violence**
- **No drugs (including alcohol)**
- **No smoking**
- **No vandalism**
- **No sex (overt or covert)**
- **No leaving the church grounds**
- **No means NO!**
- **CUYADS (CLEAN UP YOUR OWN DARN STUFF!)**

I have read, understand, and will abide by these rules. I understand that if I break the rules I will be sent home from this event and may not be permitted to attend the next youth group event.

_____ (Youth/Adult Signature)