Consolidated Missionary Baptist State Convention of Arkansas C. Dennis Edwards, President Sis. Emmogene Moore, Youth Director P.O. Box 34130 | Little Rock, Arkansas 72203 501-975-0900 office | 501-975-0920 fax Youth Permission Slip

I,	give permission for my child(ren) listed below:
Child 1:	
Child 2:	
Child 3:	to participate in the Consolidated Missionary
Baptist State Youth Convention of Arkansas activit	ties on July 20 - 21, 2018.
• I understand that he/she will be transport	ted in vehicles driven by members of the Consolidated
Missionary Baptist State Convention of Ark	cansas. I will not hold the Consolidated Missionary Baptist
State Convention of Arkansas or its staff li	able in any way for any injury sustained to my child(ren)
during convention activities.	
• I also give permission to the Consolidated	Missionary Baptist State Convention of Arkansas and its
staff to obtain any medical care they deem r	necessary for my child(ren).
• All children under the age of eight must b	be accompanied by a parent, guardian, or supervisor.
• Permission slips must be turned in on July	20, 2018, to your child(ren) State Youth Director, or the
Consolidated Missionary Baptist State of A	rkansas Convention office.
NO permission slips will be accepted after to	this July 20, 2018.
Parent or Legal Guardian Signature Date	Parent or Legal Guardian Phone Cell Landline
In the event an emergency rises and you are unable	to contact me, please contact:
Emergency Contact Name & relationship to child(ren)	Phone Number