

I agree to give _____ permission to participate in the
(print son/daughter's name above)
Life Hurts God Heals, 8-step support group program at Community Church of Columbus.
Should I have any concerns, I will direct them to the adult trained lay small group leader
and/or staff member. I understand they are here to encourage my son/daughter and are
not professional therapists.

Signed: _____
(parent/legal guardian signature here)

Date: ____ / ____ / ____

Parent/Legal Guardian name: _____

Name of teenager(s):

_____ **Grade**

_____ **Grade**

Relationship to them: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: Home (____) _____ Cell (____) _____

In case of emergency: Name: _____

Phone: _____

Relationship to them: _____

**** Please return this to:**

Community Downtown
Attn: Holly Ward
522 7th Street
Columbus, IN 47201
376-9478