

# YOUTH EVENT PERMISSION DOCUMENT

EVENT: Fall Presbytery, Trinity United Church, Vernon

DATE/TIME: Friday October 18/12 from 4:30pm to Sunday October 20/12 at noon

LEADER: Joanne Koster CONTACT: 250-515-1601

-----PLEASE KEEP TOP PORTION-----

## Dear Parent/Guardian:

We require the following information and your signature of permission/discharge in order to meet the safety guidelines of The United Church of Canada. This form must accompany each participant to the event. Thank you for your cooperation.

Participant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant Medical Number: \_\_\_\_\_ Doctor: \_\_\_\_\_

Participant Dietary Restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other: \_\_\_\_\_

Please complete and sign below.

I give my permission for \_\_\_\_\_ (Participant name) to attend this event. I also give my permission for the Event Leader to sign permission for any medical attention that may be required during the event. I also acknowledge and discharge the Event Leaders and Sponsor of the event from any injury to person or property at the event.

Signature: \_\_\_\_\_ Location: \_\_\_\_\_, BC..Date: \_\_\_\_\_

## Dear Participant:

**Please read and sign below.**

I, \_\_\_\_\_, agree to adhere to the standards of behavior that govern our youth group including the SADD rules. No sexualized behavior, no alcohol, no non-prescription drugs, and no discrimination. I also agree to abide by the silent/sleep time as determined by the leaders. I understand that failure to comply with these standards will have consequences which may include being sent home early from the event.

Signature: \_\_\_\_\_ Location: \_\_\_\_\_, BC Date: \_\_\_\_\_