



## Join us for our exciting year end event!

We will be leaving the church at **8am on June 16th** for an exciting day at Wonderland followed by the Wonderjam Concert. WonderJam performances will begin in the early afternoon and performances may run past park closing at 10pm. We will call with an estimated return time after leaving the park.

The cost for the trip is \$55 which includes Admission to Canada's Wonderland, Splash Works Water Park and the festival! A small portion will also go towards parking and gas costs.

Beginning in mid-May each year, Grade 5 students are invited to join the Jr High program. We would love to see them join us for this exciting event!

If you would like to purchase extra tickets, to go on your own or as a family, we can purchase them as part of the group rate for a cost of \$50 each.

**Please return permission forms and money as soon as possible so we are able to arrange enough transportation for the students. Money and forms are due by May 16th at the latest!**

I give permission to \_\_\_\_\_ to attend Wonderjam at Canada's Wonderland, with Covenant Christian Community Church, on June 16, 2018.

Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Parent/Guardian Cell: ( \_\_\_\_\_ ) \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Does your child have any life threatening allergies? YES \_\_\_\_ NO \_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child have any physical, emotional, mental or behavioural concerns or limitations that our staff should be aware of? YES \_\_\_\_ NO \_\_\_\_

If yes, please explain: \_\_\_\_\_

In case of emergency, contact:

\_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

The safety of your child is our primary concern. Precautions are taken for the safety and health of your child. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

I/we, the parents or guardians named above, authorize Covenant Christian Community Church Ministry Staff to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment treatment or procedures for the participant named above.

I/we named above, undertake and agree to indemnify and hold blameless the Pastor, the Ministry Staff, Covenant Christian Community Church, its Pastors and Church Board from and against any loss, damage or injury suffered by the supervising individuals representing the church. This content and authorization is effective only when participating in or traveling to events of Covenant Christian Community Church.

**Parent/Guardian's Signature:** \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_