



**COMOX PENTECOSTAL CHURCH**

1919 Guthrie Rd  
Comox, BC V9M 3X7

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**ELEVATE YOUTH EVENT PERMISSION FORM**

PERMISSION FOR:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Info:**

Student Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ P.C. \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Allergies/Medical Conditions? \_\_\_\_\_

Birthdate \_\_\_\_\_ Medical # \_\_\_\_\_

**Parent/Guardian Info:**

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Alternate Emergency Contact Person:**

Name \_\_\_\_\_

Phone \_\_\_\_\_

I/we, the parents or guardians named above, grant permission for the above named student to attend the event as stated above. I/we, the parents or guardians named above, undertake and agree to indemnify and hold blameless the ministry staff, Comox Pentecostal Church, its Pastors and Board of Elders from and against any loss, damage or injury as well as any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of the Comox Pentecostal Church.

Signature \_\_\_\_\_

Date \_\_\_\_\_