Youth Group Event Permission Form

I hereby authorize my permission for _____ (youth name) to attend the following event;

Date of Event:_____

Name of Event:_____

Health Card Number:_____

I understand that my child will be under the supervision of the volunteer's, chaperones, and church staff during this event.

I give permission to the supervisors and authorized drivers of the Assiniboia Apostolic Church to ensure my child has appropriate medical care should the need arise and they will contact me as soon as practical under the circumstances.

I hereby release and waive all claims against the Assiniboia Apostolic Church, its employees, representatives, volunteers, drivers, and chaperones related to this event.

This permission form has been signed only after understanding and considering the information set forth above.

Date of Signing:_____

Parent/Guardian Name:_____
Signature:_____
Contact Phone Number:_____

Alternate Emergency Contact:_____
Alternate Emergency Phone Number:_____