



Daysland Alliance Youth

For you are all children of light, children of the day. We are not of the night or of the darkness.

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Sr. High Teen Retreat at Circle Square Ranch November 18-20, 2022

DAYSLAND ALLIANCE YOUTH REGISTRATION/CONSENT FORM

ATTENTION: YOUTH PARENTS OR GUARDIANS

WE ARE EXCITED THAT YOUR CHILD (CHILDREN) IS PLANNING ON ATTENDING THE TEEN RETREAT AT CIRCLE SQUARE RANCH AS A PART OF THE DAYSLAND ALLIANCE YOUTH GROUP. IN ORDER FOR THEM TO ATTEND, WE REQUIRE YOU TO COMPLETE THIS FORM, SIGN IT AND RETURN IT TO KIRBY SCHMIDT-TEIGEN.

I, _____ (PARENT/GUARDIAN), GIVE PERMISSION FOR

_____ (CHILD'S NAME)

_____ (CHILD'S NAME)

_____ (CHILD'S NAME)

TO ATTEND THE TEEN RETREAT AT CIRCLE SQUARE RANCH WITH THE DAYSLAND ALLIANCE YOUTH, IT'S PASTOR AND OTHER LEADERS/CHAPERONES, AND TO TAKE PART IN THE ACTIVITIES OF THE RETREAT. I RELEASE DAYSLAND ALLIANCE YOUTH, ITS EMPLOYEES, VOLUNTEERS AND CHAPERONES AS WELL AS CIRCLE SQUARE RANCH FROM RESPONSIBILITY FOR ACCIDENTS AND INJURIES THAT OCCUR WHILE TRAVELING OR TAKING PART IN THE ACTIVITIES DURING THE DATES OF NOVEMBER 18-20, 2022. I UNDERSTAND THAT THIS INCLUDES ANY SICKNESS THAT IS PERCEIVED TO HAVE BEEN CONTRACTED, OR IS CONTRACTED DURING THE DATES SPECIFIED. **I REALIZE THAT MY CHILD WILL BE TRANSPORTED TO AND FROM THE EVENT VIA THE CHURCH VAN, OR A LEADER'S VEHICLE.**

SIGNATURE

DATE

PERSONAL INFORMATION

NAME: _____ AHC#: _____ - _____

ALLERGIES: _____

NAME: _____ AHC#: _____ - _____

ALLERGIES: _____

NAME: _____ AHC#: _____ - _____

ALLERGIES: _____

EMERGENCY CONTACT and Ph#: