



# 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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## THE SIXER MIXER WITH DAYSLAND ALLIANCE YOUTH June 2, 2023 DAYSLAND ALLIANCE YOUTH REGISTRATION/CONSENT FORM

ATTENTION: YOUTH PARENTS OR GUARDIANS

WE ARE EXCITED THAT YOUR CHILD (CHILDREN) IS PLANNING ON ATTENDING THE SIXER MIXER 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 A DAYSLAND ALLIANCE YOUTH EVENT FOR GRADES SIX- GRADES TWELVE, AND TO TAKE PART IN THE ACTIVITIES OF THE EVENT. I RELEASE DAYSLAND ALLIANCE YOUTH, ITS EMPLOYEES, VOLUNTEERS AND CHAPERONES FROM RESPONSIBILITY FOR ACCIDENTS AND INJURIES THAT COULD OCCUR WHILE PARTICIPATING IN THE YOUTH ACTIVITIES ON JUNE 2, 2023. THIS INCLUDES ANY ILLNESS THAT IS CONTRACTED, OR PERCEIVED TO BE CONTRACTED AT THE DAYSLAND ALLIANCE CHURCH EVENTS. I GIVE MY CHILD CONSENT TO PARTICIPATE IN THESE ACTIVITIES.

6:30-7:30- Introductions and supper  
7:30-9:30- Games and Devotional Thought

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### PERSONAL INFORMATION

NAME:

AHC#: \_\_\_\_\_ - \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

NAME:

AHC#: \_\_\_\_\_ - \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

NAME:

AHC#: \_\_\_\_\_ - \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

EMERGENCY CONTACT:

