



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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Daysland Alliance Youth Edmonton Elks Football Game October 25, 2024 DAYS LAND ALLIANCE YOUTH CONSENT/WAIVER FORM

ATTENTION: YOUTH PARENTS OR GUARDIANS

WE ARE EXCITED THAT YOUR CHILD (CHILDREN) IS PLANNING ON ATTENDING THE TRIP TO EDMONTON TO GO TO THE EDMONTON ELKS FOOTBALL GAME AS A PART OF THE DAYS LAND 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 EDMONTON ELKS FOOTBALL GAME IN EDMONTON (ON FRIDAY OCTOBER 25, 2024) WITH THE DAYS LAND ALLIANCE YOUTH, IT'S PASTOR AND OTHER LEADERS/CHAPERONES, AND TO TAKE PART IN THE ACTIVITIES OF TRIP. I RELEASE DAYS LAND ALLIANCE CHURCH, ITS EMPLOYEES, VOLUNTEERS AND CHAPERONES FROM RESPONSIBILITY FOR ACCIDENTS AND INJURIES, OR OTHER INCIDENTS THAT OCCUR WHILE TRAVELING TO AND FROM THE EVENT, AS WELL AS ANY OCCURANCE ON FRIDAY OCTOBER 25, 2024. 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 WIL BE TRANPORTED TO AND FROM THE EVENT VIA THE CHURCH VAN, OR A LEADER'S/CHAPERONE'S VEHICLE.** I ALSO UNDERSTAND THAT MY CHILD MIGHT BE TAKING THE PUBLIC TRANSIT (PARK AND RIDE) FROM THE VAN TO THE STADIUM AND BACK TO THE CHURCH'S VAN.

SIGNATURE

DATE

PERSONAL INFORMATION

NAME:

AHC#: _____ - _____

ALLERGIES: _____

NAME:

AHC#: _____ - _____

ALLERGIES: _____

NAME:

AHC#: _____ - _____

ALLERGIES: _____

EMERGENCY CONTACT:

