



Daysland Alliance Youth

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

5030 57 St, Daysland, AB T0B 1A0 • (P) 780-374-3777 • pastorkirbyst@gmail.com

Daysland Alliance Youth WEINER ROAST, HIKE AND GAMES AT BIG KNIFE PARK MAY 3, 2024 DAYSLAND ALLIANCE YOUTH REGISTRATION/CONSENT FORM

ATTENTION: YOUTH PARENTS OR GUARDIANS

WE ARE EXCITED THAT YOUR CHILD (CHILDREN) IS PLANNING ON ATTENDING THE TRIP TO BIG KNIFE PROVINCIAL PARK 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 BIG KNIFE PROVINCIAL PARK WITH THE DAYSLAND ALLIANCE YOUTH, IT'S PASTOR AND OTHER LEADERS/CHAPERONES, AND TO TAKE PART IN THE ACTIVITIES OF THE TRIP. I RELEASE DAYSLAND ALLIANCE CHURCH, ITS EMPLOYEES, VOLUNTEERS AND CHAPERONES FROM RESPONSIBILITY FOR ACCIDENTS AND INJURIES THAT OCCUR WHILE TRAVELING TO AND FROM THE EVENT, AS WELL AS ANY OCCURANCE AT THE YOUTH EVENT. 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 VEHICLE.**

SIGNATURE

DATE

PERSONAL INFORMATION

NAME:

AHC#: _____ - _____

ALLERGIES: _____

NAME:

AHC#: _____ - _____

ALLERGIES: _____

NAME:

AHC#: _____ - _____

ALLERGIES: _____

EMERGENCY CONTACT:

