



## 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 Swimming at Camrose Pool May 1, 2026 DAYSLAND ALLIANCE YOUTH CONSENT & WAIVER FORM

#### ATTENTION: YOUTH PARENTS OR GUARDIANS

WE ARE EXCITED THAT YOUR CHILD (CHILDREN) IS PLANNING ON ATTENDING THE TRIP TO SWIMMING POOL IN CAMROSE 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 SWIMMING IN CAMROSE 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 WILL BE TRANSPORTED TO AND FROM THE EVENT VIA THE CHURCH VAN, OR A LEADER'S VEHICLE.**

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#### PERSONAL INFORMATION

NAME: \_\_\_\_\_ AHC#: \_\_\_\_\_ - \_\_\_\_\_  
ALLERGIES: \_\_\_\_\_

NAME: \_\_\_\_\_ AHC#: \_\_\_\_\_ - \_\_\_\_\_  
ALLERGIES: \_\_\_\_\_

NAME: \_\_\_\_\_ AHC#: \_\_\_\_\_ - \_\_\_\_\_  
ALLERGIES: \_\_\_\_\_

#### EMERGENCY CONTACT:

A ministry of Daysland Alliance Church

