

Manotick United Church 2006 / 2007 Living Proof (Ages 14-17)

Permission Form for Monthly Outings

Name : _____

Male: _____ Female: _____

Telephone: (H) _____ (W) _____

(C) _____

Emergency Numbers: _____

Street Name & Number: _____

City: _____ Postal Code: _____ - _____

E-Mail: _____

Birthdate: Day: _____ Month: _____ Year: _____

Health Insurance Number: _____

Food - If you require a special diet please indicate below as to what you might require.

Youth Covenant

I understand that attending the M.U.C. Living proof monthly outings with the fellowship group from Manotick United Church of Manotick, Ontario is a privilege. I agree to follow all the instructions given by the youth leader and the counsellors. I will seek to resolve differences with another attendee and will contact counsellors or the youth leader in the event of any problem or emergency. I will respect other people's property and space. I will stay within the boundaries set by the youth leader and counsellors, and will participate in all scheduled activities. I understand that possession of any illegal substances (alcohol or drugs) is strictly prohibited and will not be tolerated. I understand that my parent(s) and or guardian(s) may be called at any time if my behaviour is deemed inappropriate.

Youth Signature

Date

Parent Release/Covenant

I give my permission for my son/daughter to travel to the monthly outings planned for Living proof 2006 - 2007; and to receive transportation provided by the church/youth leader or counsellors. I understand that attendance on these outings for my son/daughter is a privilege. I accept the responsibility for his/her behaviour and understand that I may be called at any time if the need arises. I release Manotick United Church of Manotick, Ont, it's Trustees, employees or agents from responsibility to act with reasonable care for the safety of my son/daughter or my property. I release Manotick Untied Church, its Trustees, employees, and agents from liability for any first aid rendered or treatment performed pursuant to this consent.

Parent(s) or Guardian(s) Signature

Date

