



PERMISSION FORM

WWW.SUNRIDGE.ORG // INFO@SUNRIDGE.ORG
SUNRIDGE COMMUNITY CHURCH
1190 STEVENS ROAD, KELOWNA BC V1Z1G1

PARENT/GUARDIAN CONSENT FORM FOR FIELD TRIP + SPECIAL EVENTS

When we plan an event for your youth, not only do we want to plan a fun, exciting event, but we hold the health and safety of the participants as our primary concern. Part of that is to ensure that you know what your son/daughter is doing, and if in the unlikely even we need to contact you in an emergency, we have that information at our finger tips. If your youth would like to be able to participate in any of our activities off the SunRidge Community Church campus, we require that you fill out the information, sign this consent form and return it to us with your youth.

EVENT INFORMATION

The event/activity is: H2O Centre Youth Night

To be held from: 6pm - 9pm
(Nov. 25 2015)

Meet at this location: Meet at SunRidge Community Church at 6pm to travel together in the Church 15 seater van and another leader vehicle if required, to the H2O Centre in Kelowna.

Pick up at this location: SunRidge Community Church at 9pm Nov.25 2015)

What to Bring (includes H2O cost and snack):

- \$10
- Bathing Suit
- Change of clothes
- Towel

* to use wave rider students must have filled out the permission form from H2O (kyle@sunridge.org for more info)

PARTICIPANT INFORMATION

Student Name: _____ MALE / FEMALE Age: _____

Address: _____

Please list any medications, health concerns or allergies relevant to this event: _____

This section applies for underage participants who are less than sixteen (16) years of age.

In return for permission to attend the above event, the undersigned acknowledges and warrants that:

a) My son/daughter requires special arrangements to safely participate in the event under normal adult supervision. Yes No If you answered yes, specify the special arrangements required:

If your son/daughter requires medical treatment, your signature (below) on this consent form gives the event leaders authority to take initial steps to secure medical advice and services. In that event, you, or the person you designate on the form, will be contacted as soon as possible.

Signature of Parent/ Guardian

Date

STUDENT EMERGENCY CONTACT INFORMATION:

Name: (print) _____ Relationship to participant: _____

Address: _____

Phone: Day: _____ Night: _____ Cell: _____

Email: _____

If, in an emergency, you cannot be reached, the following person is hereby authorized to act on your behalf and has been notified that he/she has been granted this authority and may be contacted by SunRidge Community Church Student Ministries.

Return this signed form to:

Kyle Dyck - Youth Leader
kyle@sunridge.org