



CityLights Church Fusion Youth Off-site trip



4920 48St.

Camrose, Alberta

780-672-4261

Student _____

Please print

I agree to and understand that my son/daughter may participate and attend the trip scheduled for

_____ , _____

(LOCATION)

(DATE)

Also, I further agree to and understand not to hold CityLights Church or the representatives responsible for any injury occurring to the above named student in the proper course of such activities and travel associated with said trip.

In case of accident or serious illness, I request that CityLights Church contact me. If CityLights Church is unable to reach me, I hereby authorize CityLights Church and the representatives to secure emergency medical care that may become reasonably necessary in the course of this trip.

Signature of Parent or Guardian:

Date:

Phone:

Emergency Phone:

Alberta Health Care #:

Are there medical concerns the chaperon needs to be aware of?

NO YES What?

Is your child on medication? Do they have it with them?

NO YES What?
