



Permission Form

Student's Name: _____ Phone Number: (____) _____

Address: _____ Apt: _____

City: _____ Province: _____ Postal Code: _____

E-mail: _____

Health Card #: _____

Date of Birth (mm/dd/yy): ___/___/___ M or F: ___ Church: _____

Emergency Contact (& phone #):

There will be physical activities and games, if your child has any physical limitations please indicate below.

Any special Needs (physical, dietary, disability, allergies):

THE FINE PRINT

I understand that precautions are taken for the safety and health of all participants, but in the event of an accident or sickness, I hereby release from any liability, the Churches of the Durham East Youth Network and Fair Haven Ministries, its staff and its volunteers. In the event that my child requires special medication, x-rays or treatment, I hereby give permission to the physician selected by the leadership of a Durham East Youth Network Church or Fair Haven Ministries staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. Every effort will be made to contact parents or guardians before such action is taken. I acknowledge that my child is covered by Provincial Health Insurance or equivalent medical insurance.

In the event that my child conducts him/herself in a manner that is disruptive, s/he will be dealt with appropriately, including the possibility of contacting the parents and/or sending the child home at my expense. My child is allowed to be photographed or videotaped for future Durham East Youth Network publications.

By signing below, I understand and agree to the above statements, ensure the information given is **complete** and **accurate** and give permission for the above listed student to attend the 2010 BOOM retreat at Fair Glen Youth Camp in Beaverton Ontario.

Parent's printed name: _____

Parent's signature: _____ Date: _____