plug YOUTH

PERMISSION FORM

EVENT: CHARLIE AND THE CHOCOLATE FACTORY

Date: Friday March 16th 2012
Location: Meeting at IEC going to Lester B. Person Theatre [150 Central Park Drive, Brampton]
Departure Time: 6:30 PM (please call or text if you are running late -- P. Andrew 416-885-9557)
Return Time: 10:00 PM
Cost: $11.75

Please Print in ink (complete all)

Student Name: _____ Age: _____
First Last Middle Initial

Address: _____ City: _____ Postal: _____

Student's Health Card Number: _____

Parent/Guardian Name: _____ Home Number: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

We expect each student to conform to these rules of conduct:
1. I will be respectful of all the youth and adults attending this event.
2. I will respect the property of others.
3. I will strive to maintain a positive attitude and keep an open mind during this event.
4. In case of an emergency, I will contact an adult leader immediately to report any incidents.
5. I will respect and participate in the activity that is planned.
6. No fighting, weapons, fireworks, lighters, explosives or other harmful/dangerous objects.
7. No possession or use of alcohol, drugs, or tobacco of any kind.
8. No offensive or immodest behaviour, clothing or profane language.

Students who fail to comply with these expectations may be sent home at their parent/Guardians' expense.

I have read and understand the above rules of conduct and agree to abide by them in order to participate.

[If participant is under age 18, a parent or guardian must sign.]

I, _____, the parent/legal guardian of the above-named minor, herby give my permission for his/her
Participation in the youth activities named above.

I am aware that there are certain risks involved in transportation to and participation in youth events. I agree and consent to having those responsible secure any emergency medical care or treatment that may be necessary for my child during this trip. I further assume all responsibility for the decisions so made, and the emergency care or treatment so secured by my child. By signing, I also release the church and its leaders, paid or volunteer, from any legal liability in caring for my child.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

* Please have your forms handed in by the **Sunday before the event** - If your form is not completed and signed you will not be able to attend this event.

If you have any questions or concerns please feel free to contact the Pastor Andrew at 416-747-7208 ext 229 or cell 416-885-9557