

Straight Street Jr. Youth Outing

Date: _____
Event: _____
Destination: _____
Cost: _____

Meet @ Cornerstone Community Church at _____ (time)

Name: _____

Date of Birth: _____ / _____ / _____ Home Phone: _____
Day / Month / Year

Address: _____ City: _____

Parent/ Guardian's Name: _____

HEALTH INFORMATION:

Contact Name (in case of emergency): _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Pager: _____

Health Card Number: _____ Expiry Date: _____

Family Physician: _____ Phone Number: _____

Please indicate if your child has any of the following:

Current Health Problems: _____

Chronic Illness: _____

Medications: _____

Allergies: _____

Food/Activity Restrictions: _____

Supervision and transportation will be provided by Cornerstone staff.
Please read the following carefully. If you have any questions or concerns please
contact Henna Rintala @ 692-1219 or the church office at 692-1658.

PARENT/ GUARDIAN'S CONSENT:

I give _____ permission to participate in the Jr. Youth event.
(Child's Name)

I/We hereby declare that I/we will not hold Cornerstone Community Church, nor any member of its organization responsible for any accident or injury incurred while participating in the Youth Outing. Furthermore, in the event of emergency, I/we hereby authorize the event supervisors as agents for myself/us to consent to any x-rays, exams, medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate).

I/We expect to be contacted as soon as possible.

(Signature of Parent /Guardian)

(Date)