

Senior and Junior Youth

Sunday July 26th

We are going to
EMERALD LAKE
For a day in the sun

COST \$10

We will provide lunch and dinner

What to Bring:

Bathing suit and towel, waiver form,
Extra spending money and sunscreen

Join us for the church service at 10am
Plan to be picked up at the church at 8pm
Please let Dave know by July 24th if you can
join us to confirm your spot

Dave
519 622-4288
Cell: 519 221-0129
d_a_lettress@hotmail.com

Central Presbyterian Sr. and Jr. Youth Ministry

Activity Program Waiver, Driver Release and Medical Release Forms

Central Presbyterian Church
7 Queen's Square Cambridge, ON
N1S 1H4, (phone #) 519-623-1080
www.centralchurchcambridge.ca

Group: Youth Ministry
Leader: David Lettress
Home# 519-622-4288
Cell# 519-221-0129

Activity and Location: **Emerald Lake**
7248 Gore Rd. RR#2 Puslinch, ON N0B 2J0

Date: Sunday July 26, 2009

Meet at Central: 10:00am

Back at Central: 8pm

Full name of Participant: _____

Birth date: _____

Full Address: _____

Parent/guardian/caregiver name(s): _____

Home/residence phone: _____ Cell phone: _____ Work phone: _____

Does participant have severe allergies or other medical condition that leaders should be aware of; Yes__ No__

If yes, please list and explain _____

Following the Leading with Care document implemented by the Presbyterian Church in Canada, all reasonable precautions for the safety and health of the participant will be taken. He or she will be properly supervised in activities and when transported by staff and volunteers of the youth ministry. All staff and volunteers responsible for the transportation of youth should avoid driving them when alone. I understand that the staff and volunteers of Central Presbyterian youth ministry go through a screening process whereby they are required to provide a police check, reference check, driver and insurance information confirming their full licence and a minimum of \$1 million dollar liability insurance coverage.

In the event of accident, injury, sickness or death Central Presbyterian Church Youth Ministry, its staff and volunteers are released from any liability. In the event of injury requiring medical attention, I authorize treatment for the participant and understand that reasonable attempts will be made to contact me (or resident staff), should such a situation occur.

I, _____ authorize the participation in youth programs for, the driving of and the medical attention to
(Parent/guardian/caregiver)

_____ by the staff and volunteers of Central Presbyterian Church Youth Ministry.
(Full name of youth)

Participant's Health card number: _____

Participant's Family Physician: _____ Phone: _____

Contact person (not parent) in case of emergency and parents/guardians/caregivers cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent/Guardian Signature: _____

Parent/Guardian Name (Print): _____