



The following information is required if attending an overnight or out of town event with Salt & Light youth:

Name of Event: _____ Amount paid: _____

Please make cheques payable to Bethel Christian Assembly or e-transfer to books@bethelbrandon.ca

Child Name: _____ Age: _____ Grade: _____

Date(s) of Event: _____ Location of Event: _____

Drop-off Location and Time: _____

Pick-up Location and Time: _____

Parent Name: _____ Phone #: _____

Parent Address: _____

Manitoba Health Card Numbers:

6 digit (family #) : _____

9 digit (personal #) : _____

Allergies: Yes _____ No _____

If yes, please list:

Medication/Treatment:

Family Doctor: _____

Doctor's Contact #: _____

PLEASE COMPLETE IF CHILD IS UNDER 18 YEARS OF AGE:

I hereby give permission for my child, named above, to participate in the activities of Bethel Christian Assembly Salt & Light Youth. I release Bethel Christian Assembly, Devoted Ministries, its leaders, supervisors and staff from any claims whatever which could result from my child's participation in the voluntary activity. I also give permission for my child to be examined and/or treated in the event of an illness or a medical emergency.

Signature of Parent/Guardian

Date