

# VCAC – Knight St. & Fraser Lands Churches

3330 Knight Street / 3330 S.E. Marine Drive – Vancouver, BC – V5N 3K8 / V5S 4R8 – (604) 874-7612 / 451-5449 – Fax: (604) 874-7603 / 451-5424

## PERMISSION FORM FOR CHURCH-SPONSORED OUTINGS PARENTAL CONSENT & MEDICAL RELEASE

Dear Parents/Guardian of \_\_\_\_\_ (student's name)

- Our (check one) [ ] Sunday School Class (grade & teacher's name)  
[ ] ACT Fellowship (senior high school)  
[X] Friday Knights (junior high school)  
[ ] Small Group (group leader & fellowship's name)  
[ ] Other (include sponsoring group & adult responsible name)

(names) \_\_\_\_\_

will be going on an outing at the following venue. I understand that responsible adults will be responsible for the care, transportation and, if need be, medical attention of (e.g. transport to hospital) my teenage daughter or son. I therefore give my permission for my son or daughter to attend this event.

### Information for Outing

Date of Outing: November 12, 2004 Time of Outing: (include start & end times) 7:30 – 9:00

Place of Outing: (include address & phone) Old Orchard Lanes, #29 - 4429 Kingsway, Burnaby –  
across from Crystal Mall, Metrotown - (604-434-7644)

Transportation arrangements: (i.e. pick up teens, or will drive them home, etc.) \_\_\_\_\_

Drop-off and Pick-up at the bowling alley \_\_\_\_\_

Description of Activity: Bowling at Old Orchard Lanes, cost is \$3

Contact Names & Phone Numbers of Adults (counselors, teachers, sponsors responsible): \_\_\_\_\_

Samson Chee (samchee@telus.net or 604-842-3155)

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### Teen Student Ministries – VCAC

I hereby give my permission for my son or daughter, \_\_\_\_\_ (name) to attend the event described as Bowling at Old Orchard Lanes above on the (date) November 12, 2004. I understand that this event will be supervised by responsible adults who will take reasonable precautions and care of my teenager. They will also be responsible for transportation unless other arrangements have been made in advance. In the event that my son or daughter may require immediate medical attention, I give my permission for the adults responsible to transport my teenager to a hospital or seek emergency medical help. I will be telephoned immediately if any situation arises that warrants my attention.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Telephone Number & address at which I can be reached: \_\_\_\_\_