

OVERNIGHT PARENTAL PERMISSION FORM



WEST ZION POLICY STATEMENT: A participant in a church activity that involves overnight activities of any kind shall be provided with the Overnight Parental Permission Form that must be signed and returned to the leader of the event before the activity. The use of the “*Overnight Parental Permission Form*” represents a good-faith effort on the part of the church to keep parents fully informed and to provide the proper care for the participant.

The “*Youth-Authorization and Medical Consent Form*” is also required to be on file in the church office.

INFORMATION FOR THE PARENT OR GUARDIAN TO KEEP

1. **Type of Activity:** Overnight Youth Retreat at Camp Little Red
2. **Date, Time and Place of Activity:**
 - *Friday, November 16, 2018 – leaving from West Zion at 5:00pm*
 - *Saturday, November 17, 2018 – arriving to West Zion at 9:00pm*
 - *Staying at Camp Little Red in heated cabins*
3. **What the Youth will need:**
 - *Bedding, outdoor wear, toque, mitts, boots, warm coat, Bible, toiletries, towel,*
 - *There will be a number of outdoor activities so extra changes of clothes and socks might be a good idea*
4. **Mode of Transportation:** *Bus*
5. **Cost of Event:** *\$45*
 - *Includes all food: Friday Supper through to and including Saturday Supper.*
 - *Transportation*
6. **Registration Deadline:** *Sunday, November 11, 2018*
 - *Please give money to Ardith Neufeld or Pastor Keith. Cheques payable to West Zion with November 2018 Youth Retreat in memo line. eTransfers are available for payment – please refer to parent eMail for instructions*
7. **Allergies:**
 - *Please list on the **form below** any allergies your youth has that need to be brought to our attention. We may need parental help to supply the needed supplements to the planned menu for those with allergy sensitivities.*
8. **Emergency Contact:**
 - **Activity Leader:** *Pastor Keith Dillabough*
 - **Telephone:** *587-576-1536*

PARENTS: *Please keep the above portion for your information and return the permission slip below with the registration fee.*



OVERNIGHT PARENTAL PERMISSION FORM



_____ has my permission to participate in the **Youth Retreat** sponsored by West Zion
Name of Participant

Mennonite Church on **November 16, 17.** I _____ have read the accompanying information about
the activity. *Name of Parent/Guardian*

Please list any food allergies we need to be aware of: _____

I grant my permission for emergency medical treatment to be administered if such treatment becomes necessary and I cannot be reached.

Signature of Parent or Guardian: _____ **Date:** _____