

**COMOX PENTECOSTAL CHURCH**1919 Guthrie Rd
Comox, BC V9M 3X7

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ELEVATE YOUTH EVENT PERMISSION FORM

PERMISSION FOR (EVENT):

Event Name: _____

Location: _____

Date & Time: _____

Additional Info: _____

Student Info:

Student Name _____

Address _____

City _____ P.C. _____

Home Phone _____

Cell Phone _____

Allergies/Medical Conditions? _____

Birthdate _____ Medical # _____

Parent/Guardian Info:

Parent/Guardian Name _____

Home Phone _____

Cell Phone _____

Alternate Emergency Contact Person:

Name _____

Phone _____

I/we, the parents or guardians named above, grant permission for the above named student to attend the event as stated above. I/we, the parents or guardians named above, undertake and agree to indemnify and hold blameless the ministry staff, Comox Pentecostal Church, its Pastors and Board of Elders from and against any loss, damage or injury as well as any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of the Comox Pentecostal Church.

Signature _____

Date _____