



4757 14th Ave. Markham, ON, Canada L3S 3K3
Tel: (905) 477-4887 Fax: (905) 477-4889
www.ccac.church office@ccac.church

Event	412 Fellowship Sleepover
Date	February 15 - 16, 2019
Time	Friday 15, 7:30 pm - Saturday 16, 11:00 am
Place	Cornerstone Chinese Alliance Church
Contact	P. Darren Tsang, 416 799 4881, darren.tsang@ccac.church
Cost	\$0

Pastor's/Counsellor's Signature: _____

As parent/guardian, I _____ (name) hereby allow my child to attend the following event organized by Cornerstone Chinese Alliance Church (CCAC). I also declare that I will assume full responsibility, cost, and liability arising from my child's attendance during the event, and hereby release CCAC from any responsibilities thereof.

Full name of the minor: _____

OHIP or other medical insurance policy #: _____

Allergies and/or medical conditions: _____

Emergency contact: _____

Emergency contact's relationship to the minor: _____

Emergency contact's phone #: _____

Parents/guardians are responsible in providing transportation for their child. If transportation is needed, please let the contact person of this event know as soon as possible.

This release form is completed and signed of my own free will with the sole purpose of allowing my child to attend the above event in my absence.

Parent's/Guardian's Signature _____ Date _____