



470 Brookhaven Avenue, Dorval, QC H9S 2N7 Canada

# RELEASE FORM Overnight Events

Please complete one form per person

<b>ACTIVITY: YOUTH RETREAT</b>
<b>LEADERS/CHAPERONES: Pastor Laura Wilson, Andie Jacques, Nobleman Chukwa, Anna Abbott</b>
<b>EVENT DATE(S): Friday, October 17 to Sunday, October 19, 2025</b>

<b>First Name</b>		<b>Last Name</b>		
<b>Birth Date</b>	Year	Month	Day	
<b>School Grade as of September</b>		School Attending		
IMPORTANT: In the event that we need to contact someone during the Youth Retreat, please indicate the phone number to reach you:				

## PARENT / GUARDIAN INFORMATION

First and Last Name ( <b>Mother</b> )	
Address	
Mobile Phone	Home Phone
Email	

First and Last Name ( <b>Father</b> )	
Address	
Mobile Phone	Home Phone
Email	

Child resides with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other: \_\_\_\_\_

<b>Allergies</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, describe:
<b>Special Needs</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, describe:

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, Lakeshore Church, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately. Your child must be covered by Provincial Health Insurance (Medicare) or equivalent medical insurance.

Parent/Guardian Name (Please Print)	Signature	Date
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Youth Name (Please Print)	Signature	Date
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