



Living Water

FOURSQUARE CHURCH *Belong. Believe. Become.*

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V8A3N2
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Youth Ministries Activity Permission Form

I hereby give permission for my son/daughter/teen in my care to attend any scheduled youth event planned by the Living Water Foursquare Church youth leaders.

I understand that there will always be adult supervision at any of these events.

I understand and appreciate that all leaders at Living Water Foursquare Church youth events have up-to-date Criminal Record Checks.

If need be I give permission for my son/daughter/teen in my care to be driven to or from any of these scheduled youth events with the knowledge that he/she will never be alone with the adult driver.

I will encourage my son/daughter/teen in my care to respect the rules/directives given by any of the Living Water Foursquare Church youth leaders during the duration of the planned youth events and understand that if this does not happen that I will be called and will have to come pick up my son/daughter/teen in my care.

Name of Parent/Caregiver: _____

Signature of Parent/Caregiver: _____

Name of son/daughter/teen in my care (more than one can be listed here): _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Extra Info (Allergies, Medical Concerns etc.): _____
