

Monday October 29, 2007



\$55.00 per person

Includes: Transportation, 220 credits of video games (approximately 3 hours) and a full dinner out!

Drop off & Pick up at school parking lot

Leave: 10am

Return: 10pm

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PLEASE COMPLETE THE FORM BELOW AND RETURN IT TO COLIN LEAVER ALONG WITH YOUR FULL (NON-REFUNDABLE) PAYMENT BY FRIDAY OCTOBER 26th, 2007.

See payment options or pay online with credit card at www.campuslifeevents.com.

Name _____ Age _____ Email Address _____@_____
Home Phone _____ Address _____ City _____
School _____ Date of Birth _____ Parents/Gaurdian _____
Doctors Name _____ Phone _____ Emergency Contact _____
OHIP _____ Emergency Phone _____

Please list any allergies or special medical problems your child may have. Please include medication that the student is currently on _____

To whom it may concern: The undersigned does hereby give permission for our (my) child, _____ to attend and participate in the activities sponsored by QUINTE YFC / YOUTH UNLIMITED on Monday October 29, 2007. We (I) recognize that this is a QUINTE YFC / YOUTH UNLIMITED event and is not sponsored or sanctioned by the school or Hastings Prince Edward District School board.

(I) authorise and adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anaesthetic, medical, surgical or dental diagnosis or treatment, hospital care, to be rendered to the minor under the general, or special supervision and on the advice of any licensed physician, or dentist, on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons, misbehaviour or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by QUINTE YFC / YOUTH UNLIMITED. The undersigned also agrees to abide by the rules outlined by QUINTE YFC / YOUTH UNLIMITED and realize that disregarding the said rules may result in discipline action taken by the adult staff and removal of our (my) child from the said activity at our expense, upon consultation with the adult staff and parents/guardian involved.

****THIS TRIP IS NOT SPONSORED OR SANCTIONED BY THE SCHOOL OR BOARD***

Participants Name _____ Parents Name _____

Participants Signature _____ Parents Signature _____

Date _____

Date _____

*For questions regarding this trip, contact Colin at (613) 242-6733 or email colin@qyfc.com

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