

November 23, 2017



Dear Parents

This year our Sr High (grades 9-12) students are invited to go on a Winter Retreat. This will be a fun weekend away with Gateway Alliance Church (Caledonia) at Riverview Bible Camp in Chesley ON. In addition to FUN, this retreat will focus on practical ways that we can be growing as followers of Jesus.

NEW – Students who wish to attend Winter Retreat need to have attended at least 2 Wednesday night meetings of UNITED prior to the retreat (Sept-Jan).

You will find attached the permission forms that must be completed and returned to Pastor Josh with payment no later than **Wednesday January 10th**.

Other Details

- **Cost?** \$70¹ (*Please note: cheques are to be payable to Paramount Drive Alliance Church & dated Jan 10, 2018*)
- **Travel?** We are arranging to travel by bus with Gateway Church. Details will be made available closer to the retreat date.
- **Food Allergies?** If your child has a food allergy, please e-mail me ASAP so that we can make arrangements with the team from Gateway who is in charge of food.

Please contact me if you have any questions or concerns!

Joshua Mutter

Pastor of Student & Young Adult Ministries

905-573-9111 or jmutter@pdac-cma.com

¹ Please contact Pastor Josh if you need assistance with the cost.

OFF SITE AUTHORIZATION AND MEDICAL CONSENT FORM

This form is to **accompany** the authorization and medical consent form already filed in our office. This is a parent signature, which will be kept on file, showing parent approval of an off-site trip or experience with increased risk. **This form does not replace the Authorization and Medical Consent Form.**

Information received is confidential and is being gathered for the purposes of serving your child while in the care of **PDAC Church**. Any medical information collected here serves to authorize **PDAC Church**, and its staff and volunteers, to obtain medical assistance in emergencies.

On Feb 2-4, 2018, students in grades 9-12 will be going on a Winter Retreat to River View Bible Camp (055324 Con 12, RR 4 Chesley, ON 519-363-9543). This retreat is in partnership with Gateway Church in Caledonia. Some of the activities your child may participate in include: hikes, sledding, wide night game, indoor gym games, snow play, sauna-ing. While every effort will be made to ensure the safety of your child, these activities do come with the risk of injury and even death. Transportation will be provided by a driver/company authorized by PDAC. Pastor Joshua Mutter is the contact person for this event. His cell phone number is 289-683-3314.

Child/Children's Name: _____

Parents'/Guardian Name: _____

In case of an emergency, contact: _____

Contact Phone: _____

The safety of your child is our primary concern. Precautions will be taken for their well-being and protection.

Parent Signature _____

Printed Name _____ Date _____

I/we, the parents or guardians named above, authorize **Pastor Joshua Mutter** or one of the Pastoral Church Ministry Staff to sign a consent form for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named above, undertake and agree to indemnify and hold blameless Pastor Joshua Mutter, the Ministry Staff, of **PDAC Church**, its Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the **PDAC Church**, as well as of 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 **PDAC Church**.

Photos

Please check below if you **DO NOT** grant permission for the reasonable use of pictures containing your child in any or all of the following ways:

- Brochures/Promotional material
- Website

- Church
- Newsletters

EMERGENCY INFORMATION CARDS

Student's Name _____

Parent's Name _____

Home Number _____

Emergency Contact Number _____

Known Allergies _____

Health Card Number _____

Family Physician _____