

# 2016 CITYOUTH Conference

## ***Participant's Information:***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): Home: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

## ***Permission and Medical Release:***

I give my permission for \_\_\_\_\_ to attend the **2016 CITYouth Conference**  
(child's name)

with all the accompanying activities and excursions. I also give permission for emergency medical care to be given if judged necessary by the adult supervisors during the dates below.

Please list any **ALLERGIES** your child has and/or any **MEDICATIONS** that need to be taken:

## ***Emergency Contact Information:***

Emergency Contact: \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_ Participant's OHIP #: \_\_\_\_\_

\_\_\_\_\_  
(Print Parent's Name)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Participant's Name)

\_\_\_\_\_  
(Participant's Signature)

\_\_\_\_\_  
(Date)

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## **Important Details:**

- **When?** August 24<sup>th</sup> – 27<sup>th</sup>, 2016
- **Where?** 671 Sheppard Ave East, Toronto
- **Cost?** \$60 cash
- **Hospitality?** Pillow, sleeping bag, toiletries, clothes, sunscreen, Bible

**If you have any questions, please call:**  
**Ian at (647) 963-7292 or Silvia at (416) 527-1501**