Parent/Guardian Consent Form

When we plan an event for your teen, not only do we want to plan a fun, exciting event, but we hold the health and safety of the participants as our primary concern. Part of that is, if in the unlikely event we need to contact you in an emergency, we have that information at our fingertips.

If your son/daughter/ward requires medical treatment, your signature (below) on this Consent Form gives the event leaders authority to take initial steps to secure medical advice and services. In that event, you, or another person you may designate on the form, will be contacted as soon as possible.

_____ _____

Signature of Parent/Guardian *Date*

Please list any medications, health concerns or allergies relevant to this event:

_____

_____

_____

The emergency contact information for your youth is:

Name: *(print)* _____

Relationship to participant: _____

Address: _____

Phone: _____ Cell: _____

TRENT DURHAM AREA DAY OF CELEBRATION

YOUTH PROGRAM

Ages 10-17

Saturday, March 3, 2012

9:30am – 3:30pm

St. Peter's, Cobourg

Youth Program

Theme: Food For Thought: Critical Thinking in a Media-Saturated World

Morning segment:
An introduction to Critical thinking
Self-Image and Nutrition
Practicum: An introduction to healthy cooking

Afternoon segment:
A closer look at the "message" in the media

- We will be reviewing several clips from a variety of media sources, pausing to assess how each clip's "message" informs our world-view.
- We will watch a good portion of a film, stopping to allow time for discussion of some major themes

Wrap-up: "The Red Pill: Choosing to live differently"

Celebration Eucharist at 2:30pm

Make up a group or come on your own.
Lunch is provided.

HOPE TO SEE YOU THERE!!

Registration Form – we need some information about you so that we can plan our activities.

Registration fee for the Youth Participants is $8.00,
which includes lunch and the youth workshops.
Please make the cheque payable to:
St. John's Anglican Church memo – **Area Day**

and mail it along with this form to:

Trent Durham Area Day Celebration
c/o St. John's Anglican Church
42 South St.
Port Hope, ON L1A 1R8

Name: _____

Address: _____

_____

Home Phone Number: _____

Email: _____

Parish: _____

Age: _____

(Parental consent form on the back)