

BRITANNIA COMMUNITY SERVICES CENTRE

1661 Napier Street, Vancouver, B.C. V5L 4X4 Phone: 604-718-5800

PARENTAL CONSENT FORM:

FOR FUNSEEKERS PROGRAM

Monday March 13 - Friday March 17, 2017, 9:00am - 3:00pm

CHILD'S NAME:	BIRTH DATE	BIRTH DATE (D/M/Y)	
ADDRESS:	SCHOOL:	SCHOOL:	
PARENT/GUARDIAN'S NAME:			
PHONE NUMBER: HOME:	WORK:		
EMERGENCY CONTACT: NAME:	PHONE:		
PERSON RESPONSIBLE FOR PICKING UP PAR	TICIPANT:		
I hereby authorize my son/daughter	to participate in the activities sponsored by		
the Britannia Community Services Centre.			
My son/daughter has my consent to participate in	any of the following activition	es that I have approved:	
Mon. Mar 13 Skating at Britannia Ice Rink			
C	D 111 m	Signature of Parent/Guardian	
Tues. Mar 14 Science World	Public Transit	Signature of Parent/Guardian	
Wed. Mar 15 Swimming at Hillcrest Pool	Public Transit	Signature of Farent/Ouardian	
-		Signature of Parent/Guardian	
Thurs. Mar 16 Bowling at REVS	Public Transit		
Fri. Mar 17 HR Macmillan Space Centre	Public Transit	Signature of Parent/Guardian	
Fil. Mai 17 HK Machinan Space Centre	ruone transit	Signature of Parent/Guardian	
	*Please note that daily activiti	es and out trips are subject to change.	
1. My son/daughter may leave or be left behind	after a program to make their	own way home:	
yes no	arter a program to make them	own way nome.	
2. Any other information that you feel is import	tent in allowing or not allowing	x your con/doughter to	
•	tant in anowing of not anowing	your son/uaugmen to	
participate in our programs and activities:			

Please notify Funseekers staff to any changes to this form that may affect your son/daughters participation in our programs.



BRITANNIA COMMUNITY SERVICES CENTRE

1661 Napier Street, Vancouver, B.C. V5L 4X4 Phone: 604-718-5800

PARENTAL CONSENT FORM:

FOR FUNSEEKERS PROGRAM

Monday March 20 - Friday March 24, 2017, 9:00am - 3:00pm

CHILD'S NAME:	BIRTH DATE (D/M/Y)	
ADDRESS:		
PARENT/GUARDIAN'S NAME:		
PHONE NUMBER: HOME:	WORK:	
EMERGENCY CONTACT: NAME:		
PERSON RESPONSIBLE FOR PICKING UP PARTIC	CIPANT:	
I hereby authorize my son/daughter	to participate	in the activities sponsored by
the Britannia Community Services Centre.		
My son/daughter has my consent to participate in ar	ny of the following activiti	ies that I have approved:
Mon. Mar 20 Swimming at Britannia Pool		
Tues Men 21 Venesuven A quenium	Public Transit	Signature of Parent/Guardian
Tues. Mar 21 Vancouver Aquarium	Public Transit	Signature of Parent/Guardian
Wed. Mar 22 6-7 yrs: Crash Crawly's Play Centre	Public Transit	
		Signature of Parent/Guardian
8-12 yrs: The Hive Bouldering Gym	Public Transit	
Wed. Mar 23 Maplewood Farm	Public Transit	Signature of Parent/Guardian
The state of the s	Tuesto Transit	Signature of Parent/Guardian
Fri. Mar 24 Swimming at Eilleen Dailly Pool	Public Transit	
	*Diagra mate that doils	Signature of Parent/Guardian activities and out trips are subject to change
	Flease note that daily	activities and out trips are subject to change
1. My son/daughter may leave or be left behind	l after a program to make t	heir own way home:
yes no		
2. Any other information that you feel is impor-	tant in allowing or not allo	wing your son/daughter to
participate in our programs and activities:		

Please notify Funseekers staff to any changes to this form that may affect your son/daughters participation in our programs.