

Dear Brothers and Sisters in Christ,

We would like to invite you to a YOUTH ENCOUNTER WEEKEND seminar sponsored by BLD Bukas Loob sa Diyos Covenant Community for youth 13-19 years of age, scheduled on \_\_\_\_\_ at \_\_\_\_\_.

The YOUTH ENCOUNTER WEEKEND seminar is one of the greatest experiences we've had as a teen, and we would like to share it with you. During these three days, you will get to meet new people, explore your spiritual self, and become closer to God through various activities and through interactions with each other.

Below is a consent form that your parents will need to sign; as well, there is an application on the reverse for you to fill up. We look forward to sharing this encounter with you.

Take care and God bless!

Yours in Christ,

BLD Youth - Vancouver

**PARENTAL CONSENT & WAIVER (FOR CHILDREN UNDER 19 YEARS OLD)**

I/We hereby give my/our permission to my/our child, \_\_\_\_\_ to attend the \_\_\_\_\_.

By giving my/our consent, I/we hold the **Bukas Loob sa Diyos (BLD) Covenant Community** and its staff and volunteers, harmless and free from any liability resulting from our child's actions. As parent(s)/guardian(s), I/we take full responsibility for our child as if I/we were at \_\_\_\_\_ during the aforementioned dates.

\_\_\_\_\_  
FATHER / GUARDIAN

\_\_\_\_\_  
MOTHER / GUARDIAN  
(PLEASE PRINT NAME AND SIGN ABOVE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CONTACTS AND TELEPHONE NOS. IN CASE OF EMERGENCY

➤ BLD CONTACT PERSON: \_\_\_\_\_ HOME PHONE & MOBILE NOS.: \_\_\_\_\_

**FEE FOR THE YE WEEKEND IS \$ 110.00 PER CHILD  
PLEASE MAKE CHEQUES PAYABLE TO "BLD"**

**CANDIDATE'S INFORMATION**

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LAST NAME                                      FIRST NAME                                      NICKNAME (FOR NAME TAG)

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BIRTHDAY                                      AGE                                       BAPTIZED     CONFIRMED

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ADDRESS                                      HOME PHONE NUMBER                                      CELL PHONE NUMBER

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SCHOOL                                      GRADE                                      EMAIL ADDRESS

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FAMILY DOCTOR                                      DOCTOR'S PHONE NUMBER                                      CARECARD NUMBER

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SPECIAL MEDICAL CONDITION?

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FOOD ALLERGIES?

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BLD PROGRAMME(S) ATTENDED:

YOUTH BREAKAWAY # \_\_\_\_     (YOUTH) LSS # \_\_\_\_     FAMILY ENCOUNTER # \_\_\_\_

SKILLS/INTERESTS:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> WORD PROCESSING    | <input type="checkbox"/> SINGING           | <input type="checkbox"/> PLAY MUSICAL INSTRUMENT               |
| <input type="checkbox"/> DESKTOP PUBLISHING | <input type="checkbox"/> AUDIO/VIDEO       | <input type="checkbox"/> Keyboard/Piano                        |
| <input type="checkbox"/> WEBPAGE DESIGN     | <input type="checkbox"/> SYSTEMS OPERATION | <input type="checkbox"/> Guitar <input type="checkbox"/> Drums |
| <input type="checkbox"/> GRAPHIC ARTS       |  | <input type="checkbox"/> Other:                                |

❖ SPORTS?

❖ HOBBIES?

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SIGNATURE OF CANDIDATE