

HONOLULU CHRISTIAN CHURCH

YOUTH MINISTRY

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**HCC Youth Wa'ahila Ridge Hike
Permission Form**

Activity: HCC YOUTH Wa'ahila Ridge Hike

Purpose: To let the youth enjoy God's creation & fellowship with one another.

Date: & Time: **Saturday, October 24, 2009** (8:45am – 12:30pm)

Place of Activity: Wa'ahila Ridge Trail/Park
1600 Ruth Pl
Honolulu, HI 96816

Cost: NO COST!

Drop Off Time & Location: 8:45am @ Wa'ahila Ridge Park

Pick Up Time & Location: 12:30pm @ Wa'ahila Ridge Park

Adult Supervisors: Chris Aliipule and Youth Leaders.

In Case of Emergency: Call Machiko at 561-4120.

BRING: Outdoor clothing, shoes, sunscreen/mosquito repellent (optional), lots of water (it will be a 2-3 hour hike!), LUNCH WILL BE PROVIDED.

(Retain top portion for your information)

Please detach here and return to Adam by Friday, October 23, 2009.

We (I), _____ hereby grant permission for
(Print name of parent/guardian and contact number)

our (my) child, _____ to participate in/attend the
(Print name of child/Age/Grade)

HCC Youth (Wa'ahila Ridge Hike) on (Sat., Oct. 24, 2009). We (I) have read the information above and understand our (my) responsibility in regards to this activity. If we are (I am) unclear about anything, we (I) will contact Machiko Nakano Aliipule, the Youth Director, before our (my) child attends this activity.

In case of an emergency:

Contact Name: _____ Relationship: _____ Contact #: _____

We (I) will not hold the HONOLULU CHRISTIAN CHURCH, its staff, volunteers and/or chaperones responsible or liable in any way for any loss, injury or illness while our (my) child is participating in/attending this activity.

Authorization _____ Date: _____
(Parent's or Guardian's Signature)