



Dear Parents/Guardians & Youth:

Routes Youth Centre will be organizing a free dance program for youth ages 13+ called **DANCE**. Anyone of all skill levels is welcome to participate! The first session will be at 7:45PM – 9PM on January 16, 2026. Attendance each session is preferred but not mandatory, and this permission form will only need to be collected once for a youth to join.

<i>Date</i>	Starting January 16, 2026	<i>Time</i>	7:45PM – 9PM
<i>Location</i>	Routes Youth Centre (10 Market St S)		
<i>Cost</i>	FREE		
<i>Transportation</i>	N/A		
<i>Important Information</i>	<ul style="list-style-type: none">• Spots are limited. To ensure you have a spot in this program hand in your permission form as soon as possible.• An Emergency Contact Card (see back) must be filled out.		

*Questions regarding the trips text/call Routes @ 905-929-0572

Please sign and return as soon as possible to reserve your spot.

I _____ (parent/guardian), grant permission for
_____ (youth's name) to attend **DANCE**. I understand
that Routes Youth Centre and/or the Dundas Youth Chaplaincy are not liable for any
incident(s) that may occur during this program.

Parent/Guardian Signature _____ Date _____
(or youth if 16 or older)

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I have completed the Emergency Contact Card (see back)



Routes Youth Centre requires the parent/guardian of each youth who wishes to attend any trip to fill out the **Emergency Contact Card** provided below. If there are any questions regarding this form please call or text: 905-929-0572

EMERGENCY CONTACT CARD

Name of Youth _____ Pronouns _____

Date of Birth (DD/MM/YY) _____ Age _____

Allergies/Chronic Illness: _____

Will youth take any medication at Routes (e.g. inhaler)? Y / N If you circled yes, please provide any details we might need to know (e.g. will youth carry it, does it require refrigeration, etc.):

Parent/Guardian:

Name _____ Relation to youth _____

Main phone # _____ Text capable: Y / N (circle one)

Other phone # (if applicable) _____

Emergency Contact #2

Name _____ Relation to youth _____

Main phone # _____ Text capable: Y / N (circle one)

Other phone # (if applicable) _____

Emergency Contact #3

Name _____ Relation to youth _____

Phone # _____ Text capable: Y / N (circle one)

Other phone # (if applicable) _____

In an emergency, the listed parent/guardian would be contacted first. If parent/guardian listed above cannot be reached, Contact #2 followed by Contact #3 would be contacted.

Any other important information we should know:
