

Southwestern Ontario YFC/Youth Unlimited

4 - 94 Graham Street, Woodstock, Ontario N4S 6J7 Phone: (519) 537-5219 E-mail: admin@swoyfc.com "We see the **hope** and **potential** in every young person".

Informed Letter of Consent for Supervised/Off-Site Activities

store forms in a locked cabinet permanently

Student's Name: ______ Activity: Canoe Trip Satellite: Tillsonburg Date of Activity: August 14- 17/2017

Driver: Buck Buchner or Julie Kennedy

Location: McCrae Lake, Port Severn Area

Time: Meeting at Upper Deck 7:00am. Returning 9pm on Mar 18/2017

Mode of transportation: Cars or Vans

Activities Taking Place: Camping, canoeing, swimming, etc

COST \$190.00 A non-refundable deposit of \$60 is due on June 30th along with registration.

Special Requirements sleeping bag, snacks and a good attitude. Another list will be given of what to bring

Dear Parent: We are planning an activity as part of our programming that requires your permission prior to participation. We have provided you the details of the activity and request that you complete and sign the permission form. The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection.

Southwestern Ontario Youth for Christ/Youth Unlimited is collecting and retaining this personal information for the purpose of enrolling your child in this activity. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Southwestern Ontario YFC/Youth Unlimited to limit the information collected, or to view your child's information, please contact us.

Permission Form and Consent:

Student's Name	Date of Birth	<u> </u>
Address		
Phone Number	Parents' Work Number	
Health Card #	Emergency Contact & Phone Number	
Family Doctor	Doctors' Phone Number	
Is your child bringing any medicatior If yes, please list:	n with him/her? YES NO	

I/we hereby consent to the participation of my/our child in this supervised activity.

While every precaution is taken for their safety and good health, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at Southwestern Ontario Youth for Christ/Youth Unlimited. I/we understand and accept these risks and agree that by allowing my/our child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury.

I/we, the parents or guardians named below, authorize Southwestern Ontario Youth for Christ/Youth Unlimited's Program Personnel to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below undertake and agree to indemnify and hold blameless Southwestern Ontario Youth for Christ/Youth Unlimited, its personnel, its Directors and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Southwestern Ontario Youth for Christ/Youth Unlimited, as well as of any medical treatment authorized by the supervising individuals representing Southwestern Ontario Youth for Christ/Youth Unlimited. This consent and authorization is effective only when participating in or traveling to events of Southwestern Ontario Youth for Christ/Youth Unlimited.

Photos:

A policy is in effect to protect personal information; images count as personal data under the PIPEDA (Personal Information Protection and Electronic Documents Act). The policy applies to all images and audio content be it still photographs, films or audio clips. I/We agree to permit reasonable use of photos, videos, written materials or other pictures of applicant student in promoting Southwestern Ontario Youth for Christ/Youth Unlimited and their activities and programs.

□ I have read, understood and agree with above. Activity:

Parent/Guardian Signature _____

Date Printed Name Informed Letter of Consent for Transportation store forms in a locked cabinet permanently

Student's Name: _____ Satellite: Tillsonburg

Transportation locations: From: Tillsonburg to McCrae Lake

Date(s) of Transportation: August 14-17/2017

Details of Transportation: In vans or cars

Dear Parent:

While every precaution is taken for safety and good health, some activities including transportation carry with them the inherent risk of personal injury. Your permission is required to provide this transportation. Please carefully read the following information and consent form. If you are in agreement, please sign this and return it.

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PERMISSION

I give permission for my child/charge ("child") to be transported in a motor vehicle driven by an authorized driver of SWOYFC to an event at the specified location on the date indicated. I understand that my child is expected to follow all the applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers. I understand that participation in the identified event is not a requirement for participation in SWOYFC activities.

I have read, understand, and discussed with my child that:

(1) They will be traveling in a motor vehicle driven by an adult and accompanied by a second adult and that they are to wear their safety-belt while traveling:

(2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip;

(3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and

(4) They are to remain in their seats and not be disruptive to the driver of the vehicles.

I recognized that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

□ I have read, understood and agree with above.

Parent/Guardian Signature:

Printed Name: _____ Date: