

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

Student's Name:	Satellite: _Tillsonburg	
Activity: Camping at Deer Creek Date of	of Activity: August 2-4 th /2017	
Mode of transportation: Cars or Vans Activities Taking Place: Camping, canoeing, swimming, ar	g At Upper Deck 9:30am. Returning 4pm on the 4 th Driver: Buck or Julie or Rayburn and games, etc 16 Special Requirements: Clothes for various weather conditions,	
modestly designed swim suit (and clothing), sleeping bag, 1	pillow, bug spray, fishing pole and tackle if you want to go fishing.,	
	ogramming that requires your permission prior to participation. st that you complete and sign the permission form. The safety aken for their wellbeing and protection.	
of enrolling your child in this activity. This information will I	collecting and retaining this personal information for the purpose be maintained indefinitely as it is a requirement of our insurance tario YFC/Youth Unlimited to limit the information collected, or to	
	Date of Birth	
Address		
Phone Number Parel	nts' Work Number	
Health Card # Emergency Con	tact & Phone Number	
Family Doctor Doc	ctors' Phone Number	
Is your child bringing any medication with him/her? If yes, please list:	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 au assessment, treatment or procedures for the participant na	thorize any physician or hospital to provide medical	
Unlimited, its personnel, its Directors and Board from and a result of being part of the activities of Southwestern Onta treatment authorized by the supervising individuals repres	hold blameless Southwestern Ontario Youth for Christ/Youth against any loss, damage or injury suffered by the participant as ario Youth for Christ/Youth Unlimited, as well as of any medical enting Southwestern Ontario Youth for Christ/Youth Unlimited. cipating in or traveling to events of Southwestern Ontario Youth	
$\hfill \square$ I have read, understood and agree with above. Activity	y:	
Parent/Guardian Signature		
Printed Name	Date	



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Informed Letter of Consent for Transportation

[store forms in a locked cabinet permanently]

Student's Name:	Satellite: Tillsonburg
Transportation locations: From: Tillsonburg -	– Deer Creek
Date(s) of Transportation: August 2-4th	
Details of Transportation: In vans or cars	
Dear Parent:	
inherent risk of personal injury. Your permiss	nd good health, some activities including transportation carry with them the sion is required to provide this transportation. Please carefully read the bu are in agreement, please sign this and return it.
of enrolling your child in this activity. This inf	Unlimited is collecting and retaining this personal information for the purpose formation will be maintained indefinitely as it is a requirement of our insurance athwestern Ontario YFC/Youth Unlimited to limit the information collected, or to us
PERMISSION	
SWOYFC to an event at the specified location the applicable laws regarding riding in a motor) to be transported in a motor vehicle driven by an authorized driver of on on the date indicated. I understand that my child is expected to follow all or vehicle and is expected to follow the directions provided by the driver that participation in the identified event is not a requirement for participation in
I have read, understand, and discussed with	my child that:
(1) They will be traveling in a motor vehicle of wear their safety-belt while traveling;	driven by an adult and accompanied by a second adult and that they are to
(2) They are expected to respect each other	r, the vehicles they ride in, and the people they travel with during the trip; ersonal injuries or death from wrecks, collisions or acts by riders, other
(4) They are to remain in their seats and not	be disruptive to the driver of the vehicles.
risk personal injury or permanent loss. I here full knowledge of the risks involved in this ac	ity, as with any activity involving motor vehicle transportation, my child may eby attest and verify that I have been advised of the potential risks, that I have tivity, and that I assume any expenses that may be incurred in the event of an ess of whether I have authorized such expenses.
\square I have read, understood and agree with a	above.
Parent/Guardian Signature:	
Drinted Name	Deter