

YFC/Youth Unlimited Tillsonburg

19 Queen St., Tillsonburg, ON N4X 3J8
Phone: (519) 688-2266 E-mail: info@yfctillosonburg.com
"We see the **hope** and **potential** in every young person".

AUTHORIZATION & RELEASE OF LIABILITY AND/OR RELEASE OF MATERIAL FOR PROMOTIONAL USE

Date: September 2015 to June 2016 (school calendar year)

Destination/Activity: Upper Deck lunch hour drop-in for Annandale Grade 7 & 8 students

Supervision: YFC/Youth Unlimited Tillsonburg staff and screened volunteers

Student Name:	
Parent/Guardian Name:	
Home/Cell Phone:	Email:
Emergency contact:	Relation to student:
Home/Cell Phone:	Work Phone:
Doctor's Name:	Doctor's Phone:
Health Card Number (optional):	
Please list any medical conditions that should	ld be known (medication, allergies etc.)
	ment necessary, and in the case of medical emergency, give permission to the d secure proper treatment for my child as named above. Every effort will be .
loss by my child or by self. I also acknowledge that	he necessary steps for insuring against personal injury, property damage, or any at I must assume total responsibility for ALL medical coverage, accidental amage. I will also pay for the cost to have my child sent home if he/she is
Southwestern Ontario Youth for Christ, its trustees, dir	ereby acknowledged, the undersigned hereby releases and forever discharges rectors, corporation members, servants, agents, volunteers and employees from hids whatsoever whether existing as of this date or in the future.
I/We agree to permit reasonable use of photos, videos, v Southwestern Ontario Youth for Christ and their activiti	written materials or other pictures of applicant student in promoting ies and programs.
I acknowledge that I have read and understand the f Release of Material for Promotional Use	foregoing prior to signing this Authorization & Release of Liability and/or
Date: Par	rent/Guardian/ Signature