



## Wetaskiwin Church of God Youth Ministry

### Informed Letter of Consent

Youth Students Name(s): \_\_\_\_\_

Activity: **Oil Kings Youth Group Night Game w/ Calvary Baptist**

Date of Activity: **January 25th, 2019**

Details of the Activity:

*On **Friday, January 25th** we will meet at **Calvary Baptist Church (4910 Northmount Drive)** at **5:15pm**. We will be travelling together by bus to **Rogers Place (Edmonton)** For a hockey game and youth group themed event. At the conclusion of the game and festivities we will be heading back to the church. Pick up is at Calvary Baptist Church at **11:30pm**.*

*The Cost is **\$30** per student for the activity. Students are encouraged to bring money for snacks at the arena.*

Dear Parent:

This activity as part of our programming that requires 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.

Permission Form and Consent:

Youth's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Youth's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/ Guardian Names: \_\_\_\_\_

Best Phone Number to Contact: \_\_\_\_\_ Home or Cell (circle)

In Case of Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Care Number : (name) \_\_\_\_\_ # \_\_\_\_\_

Health Care Number : (name) \_\_\_\_\_ # \_\_\_\_\_

I hereby consent to the participation of my/child(ren) in this supervised activity

**Tickets are limited\***

While every precaution is taken for the safety and good health, some sports and activities have and inherent risk of personal injury beyond the risks associated with many recreational activities. I/we understand and accept these risks and agree that by allowing my child to participate in these 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 the Pastors, of Wetaskiwin Church of God to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for each participant listed above.

I/we, named below, undertake and agree to indemnify and hold blameless Wetaskiwin Church of God, it personnel, staff and Board from any loss, damage or injury suffered by the participant as a result of being a part of the activities, as well as any medical treatment authorized by the supervising individuals presenting the Church. This consent and authorization is effective only when participating in or traveling to/from youth ministry events of Wetaskiwin Church of God.

I have read, understood and agree with the statements above.

Activity: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Tickets are limited\***