

CONSENT, RELEASE & INDEMNIFICATION for CHILD & YOUTH (under 18 years) PROGRAM/MINISTRY INVOLVEMENT

Soccer Camp July 18-22, 2016 Jaycee Sports Park

Cost: \$80 for first 2 siblings and \$40 for any subsequent siblings.

After July 1st, cost is \$100.00 for first 2 siblings and \$40.00 for any other siblings.

Cheque payable to Hope CRC, memo line: soccer camp. Please print and sign as indicated.

Involvement: __ Participant/Student __ Staff/Leader/Coach __ Assistant __ Volunteer

Child/Youth: Name: _____ Birth Date ___/___/___ (Day/Mo/Yr.)

Gender: M:___ F:___
(First) (Last)

Full Address: _____ Postal Code: _____
(number, street) (city/town)

Home Tel: _____ Child/Youth's Cell: _____

Email: _____

Child/Youth's Health Card #: _____ Full Name on

Card: _____

Family Physician: _____

Tel: _____

Parents/Guardians: Name: _____ Cell: _____

Email: _____

Name: _____ Cell: _____

Email: _____

Emergency Alternate Name: _____ Relationship: _____

Tel: _____

Church Affiliation: Yes (please indicate church name): _____

No

Medical Issues:

Has this child ever had or currently have? (Choose all that apply):

- Seizures Back Problems Heart Problems Asthma Neck Problems Fainting Spells
- Nose Bleeds

Has this child had any of the following in the last year? (Choose all that apply):

- Head Injury Major Surgery Overuse Injury Fractures

Please check here AND attach a note if there are any other health problems/important medical information including allergies and medications that could jeopardize program safety.

Those authorized to pick up this child (under the age of 12) after the end of program for the day:

Consent Unless prohibited by federal or provincial law, the undersigned parent or legal guardian hereby give permission for the above named child/youth to attend, travel and participate in all designated programs/ ministries and related activities sponsored by Hope Christian Reformed Church, for the time period **beginning July 18-July 22, 2016** whether carried on at the Church facilities or elsewhere. The undersigned, in my capacity as parent or legal guardian of the said child/youth, hereby designate temporary custody and guardianship to the Program/Ministry workers and/or such other responsible leaders of Hope Christian Reformed Church as may be designated by the Church from time to time. The undersigned further authorizes said individuals to grant permission for emergency medical/dental treatment, during the above-noted time period, if/when the child's/youth's parent or legal guardian is unable to provide such consent. The undersigned shall be liable for and agrees to pay all costs and expenses incurred in connection with such medical/dental services rendered to the said child/youth pursuant to this consent. If it is necessary for the child/youth to return home for any reason, the undersigned shall assume all transportation and other related responsibilities and costs.

Release: Unless prohibited by federal or provincial law, the undersigned, on behalf of themselves and said child/youth, and in consideration of the voluntary nature of the event the child/youth attends, do hereby release and forever discharge the Church and its Elders, Deacons, Pastors, Officers, Employees, Members, Adherents and Volunteers against all losses, claims, suits, and demands, or any liabilities whatsoever, arising from injury or death to the child/youth or other persons involved in the above-noted activity during the above-noted period of time, or any damage to the property associated therewith.

Indemnification: Unless prohibited by federal or provincial law, the undersigned agrees to indemnify and hold harmless the Church, Elders, Deacons, Pastors, Officers, Employees, Members, Adherents and Volunteers from any and all losses, claims, suits and demands or any liability whatsoever, arising from death or injury to any person or persons, during the said period of time, that may be made by or initiated by any person, persons, corporations, partnership, joint ventures, associations, or any other legal entity arising out of any loss or damage to property associated therewith resulting from any act or omission associated in any manner whatsoever involving the above-noted child/youth, including any related legal costs on a solicitor-client basis, together with any settlement which the Church may deem to be reasonable in the circumstances, as determined in its sole discretion.

Notes: *These items form part of this consent.*

1. Risk Education: It is the responsibility of the parent(s) or legal guardian(s) to teach their child/youth about the potential risks of involvement in these activities (e.g. potential injury in sports) and to provide safety education and safe clothing, materials and equipment, appropriate to the activity and situation.

2. Changes: It is the responsibility of the parent(s) or legal guardian(s) to inform Hope Christian Reformed Church where there are any changes to the above information during said time period.

3. Confidentiality: The content of this document is for sole use in the church's programs/ministries and will be kept confidential, except as needed to carry out the specified program/ministry.

I. Signature for all the above mentioned and Media Release (indicate your choice):

I give permission for my child to be included in photos and recordings for media purposes: Yes No

Printed Name: _____ Signature: _____

Date: ___/___/___

(Parent or Legal Guardian)

(Parent or Legal Guardian)

DAY/MO/ YEAR

and when the Volunteer Assistant is a child/youth 12-17 years of age:

Youth/Child Printed Name: _____ Signature: _____

Date: ___/___/___

(Child/Youth)

(Child/Youth)

DAY/ MO/ YEAR