

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

**Soccer Camp July 10-14, 2017 Jaycee Sports Park**

**Cost: 1 child - \$100, 2 children - \$200, (\$80 each if paid before June 30), additional siblings beyond the first two \$40 per child.**

**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:**

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**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 10, 2017 and ending July 14, 2017** 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.

**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