

YOUTH 180

OFF-SITE ACTIVITY CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK

1. Please read the contents of this Consent and Acknowledgement of Risk form.
2. Clarify any questions or concerns with the Youth 180 Team Leader, Stephanie Roukema, BEFORE signing it.
3. If this form is not signed and submitted to Stephanie Roukema, your student WILL NOT BE ALLOWED TO ATTEND.

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: Youth Camp- Cultus Lake Provincial Park

DATE: September 14 – 16, 2012

METHOD OF TRANSPORTATION:

24 passenger bus driven by Ryan Roukema

TEAM LEADER: Stephanie Roukema

TOTAL NO. OF SUPERVISORS PLANNED: minimum 7 – maximum 10

COST: \$45 for first child, \$30 for second, \$15 for third

Youth 180 RESPONSIBILITIES

Youth 180 Ministry will make every reasonable effort to ensure or ascertain that:

- a. All Youth Adult Leaders involved are suitably trained and qualified.
- b. The youth/student participants are adequately supervised throughout the entire event and transportation
- c. An Emergency Plan is in place to deal with an injury or illness to any of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following:

- Injuries related to vehicle crashes en route to and from Cultus Lake;
- Becoming lost or separated from the group or the group becoming split up;
- Injuries related to trips and falls;
- Illness related to poor hygiene, failure to adequately purify water or failure to sanitize dishes;
- Burns or scalds related to use of fires, camp stoves and/or the handling of hot food or liquid;
- Cuts related to the use of knives, axes or saws;
- Hypothermia due to insufficient clothing;
- Allergic reactions to natural or food related substances; and
- Other risks normally associated with participation in the activity and environment.

CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program: Cultus Lake Provincial Park

Date: Friday September 14, 6:30pm- Sunday September 16, 10:00am

1. I acknowledge that my child will be driving in a in the church owned bus by Ryan Roukema, from Willoughby CRC to Cultus Lake. I acknowledge that my child will participate in all activities planned by the youth leadership team.
 2. I accept the mode of transportation for all activities.
 3. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the Youth Adult Leaders.
 3. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
 4. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the Youth Leaders over all phases of the program/activity.
 5. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I will be contacted to have him/her picked up, unless I have specified other transport arrangements and I will be responsible for any costs associated.
 6. I acknowledge that it is my duty to advise the Head Leader, Stephanie Roukema, of any medical/health concerns of my child that may affect his/her participation.
 7. I acknowledge that the Youth Leaders may choose to cancel the trip if travel conditions are deemed unsafe (e.g., weather, health advisory). I accept that the Youth 180 will not be liable for any costs associated with such a cancellation.
 8. I acknowledge that the designated Youth Leaders may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
- Based on my understanding, acknowledgement, and consents as described herein, I agree that

(Name of Student) _____ (Date of Birth) _____ has my permission to participate in the **Willoughby Youth Kick-Off Camping Trip**.

Date: _____ Name (*Please print*): _____ Signature: _____

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OFF-SITE EXPERIENCE EMERGENCY MEDICAL INFORMATION (Write below or attach a separate page if more space is needed)

Student's Name: _____ Birth Date: _____

BC Medical Services Plan Personal Health No.: _____

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:

Reaction(s) to above? _____

Carries Epi pen? Yes No Carries Ana Kit? Yes No

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.). Be specific:

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:

Medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such):

Other Health/Medical/Dietary Concerns:

Emergency Contacts:

1) _____ Phone: (H) _____ (W) _____ (C) _____

2) _____ Phone: (H) _____ (W) _____ (C) _____

Name of Physician _____ Phone # _____

Parent/Guardian who is filling out and signing this form:

Name (please print) _____ Signature _____