



Courtenay Fellowship
Baptist Church

Group Leader _____

Event Date: _____

Youth Event: _____

Personal Information: Name: Gender: ☐ Male ☐ Female

Address: City: _____

Province: _____

Postal Code: _____

Phone Number: _____

Alternate Phone Number: _____

E-mail Address: _____

Medical Information: Health Care #: _____

Emergency Contact Person and Relationship to student: _____

Emergency Phone Number(s): _____

Medical Concerns/Allergies: _____

The Contract: Understanding that my child (named above) is travelling with, under the direct supervision of, and temporarily in guardianship of their group leader (named above), I (parent or legal guardian) consent to have Courtenay Fellowship Baptist Church act together with the above group leader as a temporary guardian while my child (named above) is attending the Courtenay Fellowship Baptist Church Youth event (named above). A representative of Courtenay Fellowship Baptist Church has the right to sign for medical care and treatment as required in a case of emergency. In consenting with the Courtenay Fellowship Baptist Youth event (named above) participation, I understand that (and grant my approval to) my child may appear in videos and/or pictures of the event. Also, I hereby acknowledge and agree in consideration of his/her well-being to permit participation in all the activities of the Courtenay Fellowship Baptist Church Youth event (named above). I acknowledge that I am prevented from personally suing or claiming against Courtenay Fellowship Baptist Church and all employees, agents, officers or volunteers.

Parent/Guardian: Signature: _____

Print Name: Date _____