



**PINE GROVE COMMUNITY CHURCH WAIVER & MEDICAL RELEASE FORM**

To cover activities at P.G.C.C., Field Trips and Special Events (such as overnights)

Activity: **Pakenham Ski Trip**

Date: of Activity **February 22, 2020**

Chaperones: **ANN MASSEY, ALLYSON KENNY, JESSE LLOYD**

Name of Child: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ PC: \_\_\_\_\_

Phone: \_\_\_\_\_ Parent/legal guardian cell phone # \_\_\_\_\_

Does your child have any severe allergies? (Bee stings, food, penicillin, other drugs)

YES \_\_\_\_\_ NO \_\_\_\_\_ EpiPen YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

Does your child have any life-threatening allergies? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Is your child bringing any medication with him/her? (Antibiotics, ventilator, Ritalin)

YES \_\_\_\_\_ NO \_\_\_\_\_ Who is to administer? (i.e. self, Leader) \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Does your child have any physical, emotional, mental or behavioral concerns or limitations, or any other medical condition that our staff should be aware of? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_



PINE GROVE COMMUNITY CHURCH

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, Pine Grove Community Church, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately. By signing this form, **I (the parent(s) or legal guardian) give my/our permission to authorize medical procedures**, if necessary, in the event that we the parent(s)/legal guardian cannot be reached. I will not hold, Pine Grove Community Church or any of the officers of The Free Methodist Church in Canada responsible, in the event of injury or death of the herein named person.

**Name of Child** \_\_\_\_\_

**Provincial Health Insurance Number:** \_\_\_\_\_

**Name of Family Physician:** \_\_\_\_\_

**Physician's Phone Number:** \_\_\_\_\_

**Participant's Supplemental Health Insurance for Out-of-Province Coverage**

\_\_\_\_\_

**Parent/Legal Guardian's**

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print name** \_\_\_\_\_

(If the above named is over 18 years of age, they may sign for themselves.)

Phone Number where Parent/Guardian may be reached during this activity

\_\_\_\_\_

Cell phone # \_\_\_\_\_

**IN KEEPING WITH ALL YOUTH ACTIVITIES WE EXPECT ALL PARTICIPANTS OF ALL ACTIVITIES TO BEHAVE IN AN APPROPRIATE CHRISTIAN MANNER.**

Whenever transportation is provided, it is expected that all participants will travel according to arrangements made by the leader in charge.



**Consent to Videotape or Photograph**

I acknowledge that my child(ren) may be **videotaped or photographed** while participating in activities at Pine Grove Community Church, or at another location (as in a field trip). And that the photograph may be used on the church's Website.

I hereby give my consent as a parent(s)/legal guardian that my child(ren) may be videotaped or photographed. And that the video image may be used on the church's website>

Signature \_\_\_\_\_

Print name \_\_\_\_\_

(Parent/legal guardian)

Date \_\_\_\_\_

**Consent for Internet and Social Media**

I acknowledge and give my consent that photographs or images of my child(ren) taken while participating in our children's program, may be used on the Pine Grove Community Church website as part of their ongoing desire of keeping the membership and community informed of our activities. The above images may be removed anytime I submit a request to have them removed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

I give my permission for the youth leaders of Pine Grove Community Church to contact my child(ren) through social media in order to keep them informed of up coming events. Any contact of a personal nature is discouraged and must be directed through the parent's preferred means of communication.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_



**PARTICIPANT'S OATH (Youth)**

**IN KEEPING WITH ALL YOUTH ACTIVITIES CERTAIN RULES APPLY:**

- I agree to be respectful to all persons at all times.
- Under no circumstances will boys be allowed in girls' sleeping quarters, or girls in boys' sleeping quarters, unless there is an adult chaperone present. Please obtain permission for group activities.
- Curfew will be set by the group leaders and is expected to be kept.
- Smoking will not be permitted.
- Consumption of any alcoholic beverage or the use of any illegal substance will result in the individual being sent home, and may result in criminal charges.
- All individuals are financially responsible for any damages caused by them.
- Individual and group devotionals are encouraged.

I agree to all the above rules and assume financial responsibility for any damages.

SIGNATURE OF PARTICIPANT \_\_\_\_\_

Print name \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

Print name \_\_\_\_\_