

CENTRAL YOUTH

Informed Letter of Consent

Student Name(s): _____

Activity: **Kick Off Retreat**

Date of Activity: **Sept 22-24, 2023**

Details of the Activity: **PLEASE READ**

*On Friday, Sept 22, 2024 we will meet at either **Connors Hill Site (9419 95 St NW)** at **6:00 PM** OR **Southeast Site (3457 Savaryn Drive)** at **6:30pm**. Pick up will be at **Connors Hill Site (9419 95 St NW)** after the 11am service. We will be spending the weekend at **Covenant Bay Bible Camp**. Activities will include, worship/session, outdoor games, campfires and more.*

As always, only our vetted volunteers will be there and we will have a minimum ratio of 1 leader for every 7-10 students.

*The primary leader during this event will be **Levi Nigh**. Contact information is levi@followingtogether.com or **587-936-7898**.*

Dear Parent:

We are planning an activity as part of our programming that requires your permission prior to participation. We have provided you the details of the activity and request that you complete and sign the permission form. The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection.

Permission Form and Consent:

Student's Name _____ Date of Birth _____ Gr: _____

Address _____

Parent/Guardian _____

Please check to indicate best number for contact

Home phone: _____ Cell phone: _____

Work phone: _____

Please list and explain any severe allergies or other medical condition the participant has that leaders should be aware of?

Will the student be bringing any medication with him/her? Yes No
If yes, please indicate details about medication and use...

In case of an emergency, contact _____
Phone Number _____

I hereby consent to the participation of my/our child(ren) in this supervised activity.

While every precaution is taken for the safety and good health, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at (organization). I/we understand and accept these risks and agree that by allowing my child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury.

I/we, the parents or guardians named below, authorize the Pastor, Director or one of the Central Baptist Church Personnel to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold blameless Central Baptist Church, its personnel, its Directors and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Central Baptist Church, as well as of any medical treatment authorized by the supervising individuals representing the (organization). This consent and authorization is effective only when participating in or traveling to events of the (Central Baptist Church).

I have read, understood and agree with above.

Activity: _____

Parent / Guardian Signature _____

Printed Name _____ Date _____