

# **STUDENT ACTIVITY PERMISSION & MEDICAL RELEASE FORM 2019-2020**

We would like to ask permission for your child/young person to participate in the youth program with us during the 2019/2020 program, September 1st, 2019 to August 31st, 2020. Please fill out this one-time waiver, allowing your child to participate in all inner-city events with Calvary Youth, Grades 7 – 12 (including Sunday, Tuesday, Wednesday, Friday programs as well as one-time events).

Upon completion, please initial Page 1, sign Page 2, and return this form to the ministry leader.

**DEFINITIONS:** For the purpose of this waiver the following will be defined as:

“events” any non-overnight event promoted by Calvary Baptist Church, Oshawa.

“inner-city” the boundaries of Oshawa, Whitby, and Courtice, Ontario.

**PERMISSION:** I hereby give my permission for my child, \_\_\_\_\_ to participate in the activities of Calvary Baptist Church, Oshawa. (Print child’s full name)

I understand that this waiver pertains to all inner-city activities during the 2019/2020 program only, and that some of these activities may take place both on and off the Calvary Baptist Church, Oshawa property, and give permission for my child to leave the property either by walking or by vehicle. This permission slip covers, but is not limited to, Sunday School “road trips”, weekly or monthly youth group mission visits, and fun events all of which may include but are not limited to the following: trips to public places like restaurants, the mall, parks, and activities like walking, biking, hiking, bowling, mini-golf, driving range, and laser tag.

**EMERGENCY:** In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anaesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child when I am not immediately available for consultation. I understand that every effort will be made to contact me as the guardian of my child in case of emergency.

**STUDENT CONDUCT:** I fully understand that my child is to accept and obey all rules and requirements governing conduct during church trips or activities. It is understood that any child determined to be in violation of these standards may be disallowed further participation in these activities.

**LIABILITY RELEASE:** I, the undersigned, hereby release and discharge Calvary Baptist Church, Oshawa, its officers, employees, agents, and servants, from all liability for injuries to my child arising out of or in connection with church activities or trips.

**PHOTO/VIDEO OPT OUT:** We often take pictures at our events to help preserve memories and foster community. We assume the right to use some pictures to help promote an awareness of what goes on in our ministries on our website(s) and in our publications (newsletters, ministries updates, and promotions). Please check here if you do NOT want images of your children used in these ways [ ].

\_\_\_\_\_  
Parent/Guardian’s Initials

\_\_\_\_\_  
Student’s Initials

**Student Info:**

Print full name of student participant

Date of Birth  
MM / DD / YYYY

Male or Female

School/Homeschool

Grade

Church regularly attending

Student's Cell phone

Student's Email

**PLEASE LIST ANY MEDICAL, DEVELOPMENTAL CONCERNS, ALLERGIES, MEDICATIONS, ETC.**

**Household Information:**

Father's Full Name

Mother's Full Name

Home Phone

Father's Cell phone

Mother's Cell Phone

Address (include postal code)

**Emergency Contact:**

Please print the name(s) of person(s) to contact in case of emergency. Specify the relationship to your child.

Emergency Contact person's daytime phone #

Evening phone #

Family Physician's Name

Physician's Phone #

**Required Signature:**

Print Parent/Guardian's Name

Print Student's Name

Parent/Guardian's Signature, Date

Student's Signature, Date