

Muskoka Woods SnoCamp Retreat 2019
Travel Authorization and Medical Consent Form



Name: _____ Birthdate (dd/mm/yy): ____ / ____ / ____
Address: _____
City: _____ Postal Code: _____
Email: _____ School: _____

Parent(s) or Guardian(s) Name: _____
Phone Number [Home] _____ [Cell] _____
Parents Email: _____

Medical Health Card Number: _____
Family Doctor: _____ Phone Number: _____

Emergency Contact Person: _____ Phone Number: _____
Relationship: _____

Does your child have any health problems, allergies, medications? (Y or N)

If yes, please explain: _____

Does your child have any behavioural, emotional, or physical limitations or concerns? (Y or N)

If yes, please explain: _____

I/we, the parents or guardians named above, authorize Pastor Greg Armstrong or one of the City Centre Baptist Church ministry leaders to sign a consent form 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 above, undertake and agree to indemnify and hold blameless Pastor Greg Armstrong, the ministry leaders, City Centre Baptist Church, its Pastors and Board Members from and against any loss, damage, or injury suffered by the participant as a result of being a part of the activities of City Centre Baptist Church as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to and from events of City Centre Baptist Church. I understand that not all youth events are held at the church. I give my child permission to participate in events that take place away from the church, understanding that they will be traveling by bus, rental van, or personal vehicles driven by adult volunteers.

OPT OUT OF PHOTOS: By checking this box I am indicating that I **DO NOT** give permission to City Centre Baptist Church staff or volunteers to use photographs or videos taken of my child during church events for the weekend of the High School Winter Retreat on the dates of February 22-24, 2019, on their website, on social media, or in print materials like posters or brochures.

Parent or Guardian Consent

I have read, understood, and agree with the above and sign it to cover my child for all City Centre Baptist Church sponsored Youth Ministry events for the weekend of the High School Winter Retreat on the dates of February 22-24, 2019.

Signature: _____ Date: _____