TRINITY youth

Trinity Bible Chapel Permission Form
September 2019 – August 2020

<u>Student Info:</u>

FIRST NAME:_____ LAST NAME: _____

ADDRESS:_____

CITY:_____ POSTAL CODE: _____

BIRTHDAY: _____

HEALTH CARD #: _____

ALLERGIES:_____

SPECIAL MEDICATIONS:_____

I/We give consent for the youth named to attend any Youth Ministry events being sponsored by Trinity Bible Chapel.

In the event that one of my youth is injured while under the care of Trinity Bible Chapel and requires medical attention, I hereby consent to and will be responsible for any medical treatment as deemed necessary by a licensed physician.

I/We further agree to hold the licensed physician, the medical facility, Trinity Bible Chapel, its Directors, and representatives free and harmless of any claims, demands or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of the event and do hereby release Trinity Bible Chapel, its Directors, and any representatives from any liability due to accident or injury incurred by my youth.

I/We agree to cover all costs if our student needs to be sent home for any reason, including, but not limited to, discipline.

I/We understand that my child, may be traveling in vans, cards, and/or buses for some events and specifically provide consent for such transportation.

I/We agree to allow Trinity Bible Chapel to use photos or video, for the purposes of promoting the church or youth ministry through various forms of social media, publications, and the church website.

PARENTS/GUARDIAN SIGNATURE: _____ DATED: _____

NAME OF PARENT/GUARDIAN (PRINT): _____

TELEPHONE AT HOME: (_____)_____ TELEPHONE AT WORK: (_____)_____

OTHER PHONE: (_____)_____

PARENT'S EMAIL: _____

Those in charge will take every possible safety precaution and every possible attempt will be made to contact parents or guardians immediately in the event of injury or other emergency!

Trinity Bible Chapel. 1373 Lobsinger Line, Waterloo, Ontario, N2J 4G8. Phone: 519-658-6333