



## Cedarview Youth Programs Consent form with Medical and Liability Release

Cedarview Youth Programs take place on Wednesday evenings for Jr High **FUEL** and Friday evenings for Senior High **ADVANCE**, Thursday evening for Quizzing, and Sunday Afternoons for Creative Arts. The programs take place at Cedarview Alliance Church and are staffed by supervising adults who are screened and trained in line with Plan to Protect®. We will be following all protocols and procedures as directed by the city of Ottawa including, distancing, wearing masks while indoors, cleaning, and hand washing.

### The programs usually include:

1. Participating in activities or games, indoors or outdoors (requiring appropriate clothing/shoes);
2. Larger group time exploring the Bible and Christian values with application to our lives;
3. Smaller group time with: discussion of application of teachings, relationship and care for one another, encouragement in growing in Christian faith, Quizzing Practices, or Creative Arts Practices.
4. Snacks may be served or a tuck shop is available for purchase of snacks

Drop-off and Pick-up is the parent/guardian's responsibility. Pick up on time is appreciated!

**Participant's Name:** \_\_\_\_\_ **Age:** \_\_\_\_ **Birth date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Postal Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Health History: Please specify details below

**Allergies:** \_\_\_\_\_

**Other Conditions:** \_\_\_\_\_

**Activity or Physical Restrictions:** \_\_\_\_\_

**Treatment or Actions Required:**

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**Ontario Health Card Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Any additional medical coverage, Name:** \_\_\_\_\_  
**Policy Number:** \_\_\_\_\_

**Parent's Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Phone Numbers:** \_\_\_\_\_

**Email(s)** \_\_\_\_\_

**Please turn over for signatures required .....**

**Medical Release:**

In the event that I/We cannot be reached in an emergency during the dates specified on this form, I/We hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary.

**Liability Release:**

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. If one does occur, this church's leadership will do everything possible to notify the parent/guardian before obtaining any treatment. Still, by signing this form, I/We agree to assume and accept all risks and hazards inherent in related social activities. I/We also undertake and agree to indemnify and hold blameless the Ministry staff including: Volunteer leaders & helpers, Cedarview Alliance Church, its staff, pastors, representatives, and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Cedarview Alliance Church, as well as of any medical treatment authorized by the supervising individuals representing the church.

**Photographic Release:**

I/We also understand that pictures and video of events that my child attends may be taken. I/We give permission for any pictures or video of my child to be shown for group and informational purposes.

I/We understand that I/We are signing for the minor listed on this form, giving consent to participate in youth program(s), and the signature includes the medical, liability, and photographic release to cover all Youth programs at Cedarview Alliance Church.

**Parent or Guardian Signature(s) (Type your initials to represent your signature):** \_\_\_\_\_

**Printed Name(s):** \_\_\_\_\_

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

**Note regarding Purposes and Extent of information collected:**

Cedarview Alliance Church is collecting and retaining this personal information for the purpose of enrolling your child/student in our programs, to assign the student to the appropriate groups, to develop and nurture ongoing relationships with you and your children and to inform you of program updates and upcoming opportunities/events at our church. This information will be maintained permanently as it is a requirement of our insurance company and legal counsel. If you wish Cedarview Alliance Church to limit the information collected, or to view your information, please contact us.