



## INFORMED LETTER OF CONSENT FOR OFFSITE YOUTH ACTIVITIES SUMMER 2024

Student Name(s): \_\_\_\_\_

**Activity:** Firepit Youth Night at the Schlosser's      **Grades:** 6-12 (just completing)

**Dates of Activity:**

Wednesday, July 3, 2024      \_\_\_\_\_  
Wednesday, July 10, 2024      \_\_\_\_\_  
Wednesday, July 24, 2024      \_\_\_\_\_  
Wednesday, August 7, 2024      \_\_\_\_\_  
Wednesday, August 14, 2024      \_\_\_\_\_

**Details of the Activity:** 7:00pm – 9:00pm  
**Where:** Backyard of Liz & Pete Schlosser's, 73 Attwood Dr., St. Albert, AB  
**Mode of Transportation:** Parent drop off & pick up

**Activity:** Alternate location for Youth Night      **Grades:** 6-12 (just completing)

Wednesday, July 17, 2024      \_\_\_\_\_  
Wednesday, July 31, 2024      \_\_\_\_\_  
Wednesday, August 21, 2024      \_\_\_\_\_  
Wednesday, August 28, 2024      \_\_\_\_\_

**Details of the Activity:** 7:00pm – 9:00pm  
**Where:** TO BE DETERMINED ~ watch your emails!  
**Mode of Transportation:** Parent drop off & pick up

**Please Read and sign the reverse side**

**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 \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Parents' Work Number \_\_\_\_\_

Health Card Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

**In case of an emergency, contact** \_\_\_\_\_

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 the places listed on the previous page. 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 Director or one of the Sturgeon Valley Baptist Church's 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 Sturgeon Valley 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 Sturgeon Valley Baptist Church Youth activities, as well as of any medical treatment authorized by the supervising individuals representing the Sturgeon Valley Baptist Church. This consent and authorization is effective only when participating in or traveling to events of the Sturgeon Valley Baptist Church.

I have read, understood and agree with above.

Activity: \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_