

FIRE SUMMER UNA Youth Retreat Permission Form

May 3-5, 2024

Student Name(s): _____

Activity: _____

Date of Activity: _____

Details of the Activity:

On May 3, students will gather at 54 Benton, and be transported to Campfire Bible Camp - 75310 Grey Rd 12, Markdale, ON N0C 1H0 - for the 2024 UNA Youth FIRE SUMMER Retreat. Students will spend the weekend at Campfire Bible Camp, participating in a variety of sessions, sports and games, and many other activities. This weekend is hosted by UNA Church Youth. UNA Youth will provide transportation to and from Campfire Bible Camp, with pickup being on Sunday, May 5 in the afternoon. This weekend will be packed full of fun activities for students. Students will sleep in cabins, and all students will have their own bed.

Dear Parent:

We are planning an activity as part of our programming that requires your permission prior to participation. We have provided you with 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 UNA Youth Programming. I/we understand and accept these risks and agree that by allowing my Child(ren) 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 UNA Youth personnel to sign 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 UNA Church, its Personnel, its Leaders and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of UNA Youth, as well as of any medical treatment authorized by the supervising individuals representing UNA Youth. This consent and authorization is effective only when participating in or traveling to events of UNA Youth.

I have read, understood and agreed with the above.

Parent / Guardian Signature _____

Printed Name _____ Date _____