

**WESTSIDE LUTHERAN CHURCH YOUTH ACTIVITY
PERMISSION FORM/WAIVER**
General Activities

Participant's name: _____

I understand that most youth group activities will occur on church property—either inside the church proper, outside in the church yard or parking lot, or at 506 Ferndale, the residence of the Pastor. However, from time to time, youth group activities may be held elsewhere to accommodate special events such as bowling, mini-putt golf, or the cinema, or to allow for special service projects such as caroling at a local nursing home or delivering flyers door-to-door in the neighbourhood. I acknowledge and agree that such excursions are appropriate.

I acknowledge and agree that Westside Lutheran Church, its Council and employees, and volunteers or individuals acting on its behalf, shall not be liable for any personal injury or other loss or damage sustained by me or to my personal property arising out of or resulting from my participation in such activity, unless such injury, loss, or damage has been caused by the negligence of Westside Church or by some person for whom Westside is, in law, responsible.

In the case that I am injured while participating in a youth group activity, I give permission to Westside staff, youth counselors, volunteers, or individuals acting on behalf of Westside, to seek medical treatment on my behalf and to give permission for emergency medical procedures, as deemed necessary by medical personnel, until parents/guardians are contacted.

I agree to follow the rules and directions given by Westside youth counselors, or anyone acting on behalf of Westside. I understand and agree that in the event I do not follow the rules and directions, I will not be allowed to participate further in youth group activities, and the Westside counselors/staff may telephone my parents/guardians to come to pick me up and transport me home.

I am physically healthy and mentally fit and able to participate in youth group activities.

Participant: _____ (signature)

Parent(s) or Guardian(s): _____ (signature)

_____ (signature)

Telephone number(s) where Parents/Guardians may be reached:

Parent/Guardian name _____ Work _____

Home _____

Parent Guardian name _____ Work _____

Home _____

Dated: _____

Participant's OHIP # _____

Emergency contact:
(other than parent/guardian) Name _____

Telephone: Work _____ Home _____

Relationship to participant _____

Medical Information

Does the participating youth have any allergies—food, drug or environmental? (please list and describe typical reaction) _____

Has the participant's doctor suggested the use of a prescribed medication for his/her allergic reactions (e.g. Inhalant "puffer" for asthma, Epi pen for bee stings)?

NO _____ YES _____ Describe medication _____

Method of administration _____

If the response was YES, please have the youth participant bring prescribed medication along with him/her to youth activities. Make sure the youth counselors present know where the medication is and how to administer it.

Does the youth participant have any chronic medical/psychiatric condition that might affect his/her abilities to participate fully in youth activities?

NO _____ YES _____ If YES, please describe condition. _____

Is the youth participant on any regular medication?

NO _____ YES _____ If YES, list medications and dosages. _____

Is the immunization of the youth participant current? (e.g. Tetanus)

NO _____ YES _____ If NO, please update immunization.

Participant's level of swimming: (check one)

- non-swimmer
- intermediate swimmer
- beginner swimmer
- strong swimmer