

Permission Form and Consent:

Student #1 Name _____ **Date of Birth** _____ **Grade** _____

Address _____

Phone Number _____ **Parents' Work Number** _____

Health Card Number _____

Family Doctor _____ **Phone Number** _____

Student #2 Name _____ **Date of Birth** _____ **Grade** _____

Address _____

Phone Number _____ **Parents' Work Number** _____

Health Card Number _____

Family Doctor _____ **Phone Number** _____

Student #3 Name _____ **Date of Birth** _____ **Grade** _____

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 these supervised off-site (from SVBC) activities.

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 SVBC. 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 SVBC'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 SVBC's, 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 SVBC, as well as of any medical treatment authorized by the supervising individuals representing the SVBC. This consent and authorization is effective only when participating in or traveling to events of the SVBC.

I have read, understood and agree with above.

Parent / Guardian Signature _____

Printed Name _____ **Date** _____