



INFORMED LETTER OF CONSENT FOR OFFSITE YOUTH ACTIVITIES

Student Name(s): _____

Activity: Movie Night **Grades:** 7-12 **Date of Activity:** Saturday, September 23, 2023

Details of the Activity: 7pm – 9:30pm
Where: Graham's house ~ 3 Greenbrier Crescent, St. Albert
Mode of Transportation: Parent drop off & pick up

Activity: GEM Youth Night **Grades:** 7-12 **Date of Activity:** Friday, October 27, 2023

Details of the Activity: 7pm – 9pm
Where: Northgate Baptist Church, 13208 95 St, Edmonton
Mode of Transportation: Parent drop off & pick up

Activity: Million \$ Shop'n Spree **Grades:** 9-12 **Date of Activity:** Friday, November 3, 2023

Details of the Activity: 6:30pm – 8:30pm
Where: West Edmonton Mall
Mode of Transportation: Parent drop off & pick up – **Entrance #8**

Activity: Planet Lazer **Grades:** 7-12 **Dates of Activity:** Friday, November 10, 2023

Details of the Activity: 6:30pm - 8:30pm
Where: Planet Lazer, 11271 170 St NW, Edmonton
Mode of Transportation: Parent drop off & pick up
Cost: \$20 each
NOTE: Planet Lazer waiver will also be required

Activity: Rock Climbing **Grades:** 9-12 **Date of Activity:** Thursday, December 7, 2023

Details of the Activity: 6:30pm – 9:15pm
Where: Factory Climbing, 10247 184 St NW, Edmonton
Mode of Transportation: Parent drop off & pick-up
Cost: \$30
NOTE: Factory Climbing waiver also required. Waiver can be completed online here:
<https://www.factoryclimbing.ca/waiver>

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 _____