



INFORMED CONSENT FOR GPC NIGHT @ THE PARK

In order for youth to participate in the following activity, this consent form must be filled out and brought back to the Youth Ministry Leader by **July 20, 2018**

<u>Date</u>	<u>Event</u>	<u>Drop Off Time</u>	<u>Pick Up Time</u>	<u>Transportation Method</u>
July 20, 2018	Jackie Parker Park 4540 50 St NW	7:00pm	9:00 pm	Parent drop off/pick up

YOUTH INFORMATION AND PARENTAL CONSENT

Youth Name _____ Date of Birth _____

Parent/Guardian Name _____ Phone _____

Please complete the following information if NOT already submitted for the 2017-18 Ministry Year

AB Health Card Number _____

Family Doctor _____ Phone _____

Emergency Contact _____ Phone _____

I hereby consent to the participation of my child 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 Grace Point Church of God. 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 Ministry Lead 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 Grace Point Church of God, 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 Grace Point Church of God, as well as of any medical treatment authorized by the supervising individuals representing Grace Point Church of God. This consent and authorization is effective only when participating in or traveling to events of Grace Point Church of God.

I have read, understood and agree with above.

Signature _____

Printed Name _____ Date _____