



Summit Drive Church Consent Form

Student Name: _____

Activity: Youth Summer Camp

Date of Activity: August 2 to August 6, 2022

Details of the Activity: The Youth Summer Camp will involve games, challenges, biblical teaching, worship, a service project, and lots of fun! This will be a day camp at the church from 9:00-5:00 on August 2-4. There will be a service project on August 5 and an overnight stay at the church on that night. There will be a trip to go floating down the river on August 6. Please note that some of these activities will be taking place off-site from Summit Drive Church, including, but not limited to, the service project and float down the river.

Cost: \$50 per youth. Payment can be made online at summitdrive.com or by writing a cheque to "Summit Drive Church" (in memo: "Youth Summer Camp"). Online payment is preferred.

Point of contact: Ben Froese (Pastor of Student Ministries). Email address bfroese@summitdrive.com

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 this sign-up and consent form. Please note that all physical activities have risks. The safety of your Child is our primary concern. Precautions will be taken for their wellbeing and protection.

Consent Form:

Student's Name: _____ Date of Birth: _____ Sex: M / F

Address: _____

Parents' Number: _____ Parents' Email: _____

Health Card Number _____

Food allergies, dietary restrictions, or medical conditions we should know of:

In case of an emergency, contact:

I voluntarily agree and consent to the participation of my/our Child in this supervised activity.



I/we, the Parents or guardians named below, authorize Ben Froese, the Pastor of Student Ministries, 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 Summit Drive 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 this activity, as well as of any medical treatment authorized by the supervising individuals representing Summit Drive Church. This consent and authorization is effective only when participating in this particular activity through Summit Drive Church.

I have read, understood and agree with above.

Parent / Guardian Signature:

Printed Name _____ Date _____