

Permission and Consent Form for Worshiplude 2018 in Ottawa for Grade 9 and up

The cost **\$110.00**, Questions can be sent to Brian MacKinnon at brianmackinnon@rogers.com, Facebook or by calling 519-643-0129.

Registration and cheques (Made out to London Conference) MUST be sent to the following address:
**Worshiplude, London Conference Office, The United Church Of Canada, P.O. Box 28039,
London ON, N6H 5E1. Cheques can be post-dated to January 15th 2018. Please indicate that the
cheque is for Worshiplude on the bottom of the cheque. Please note that no refunds will be given.**
Full Name of Participant _____

Birth Date: _____ Age: _____ Grade: _____ Email: _____
Home Church: _____

Name of Parents/Guardian: _____

Full address: _____

Home Phone: _____ Cell phone: _____

Work phone: _____

Cell phone number of participant if applicable: _____

Does participant have any severe allergies or other medical condition that leaders should be aware of?

Yes ___ No ___

If yes, please list and explain _____

Participant's Health card number

(optional): _____

(Will expedite treatment)

Contact person (not parent) in case of emergency and parents/guardians/caregivers cannot be reached:

Name: _____ Phone: _____

PIZZA OPTIONS at "The Point": Regular ___ Gluten-free ___ Vegetarian ___ or Cheese ___

Worshiplude T-Shirt please circle one - Small Medium Large X-Large

Parent/Guardian Consent:

I, _____, hereby give consent for the above participant to participate in Worshiplude from February 2 – February 4, 2018. I confirm that his/her health is suitable for outdoor activities. In case of emergency, I authorize leadership for this event to refer the above to medical authorities on my behalf.

Participant Statement:

I, _____, acknowledge that Worshiplude is a drug and alcohol free weekend. I will not bring any illegal drugs or any alcohol with me. I agree to turn over any medication that I bring to the designated adult. I understand that I will be expected to abide by all rules and guidelines for the weekend as explained at the start of the event. **(Turn Page Over)**

Waiver and Release

Part A

As part of Worshiplode activities, photographs and videos may be taken. These photographs and videos may be used on the church website, or in church publications, church promotional materials or other visual (e.g. PowerPoint) presentations.

___YES, I gave permission for my child/youth, _____, to be in these photographs and videos. I understand that these photographs and videos may be used on your church website, in your church publications, in your church promotional materials or other visual (e.g. Power Point) presentations.

___NO, I do not give permission for my child, _____, to be in these photographs and videos.

Part B

I understand that my child will be participating in activities that have an inherent risk factor; all appropriate precautions will be taken for participant safety. I agree to not hold London Conference or any of its employees and volunteers responsible in the event of injury or losses.

I understand that Worshiplode leaders have the right to dismiss a participant, who, in their opinion, has displayed unacceptable behavior. The participant will be sent home at their own expense!

Part C

MEDICAL CONSENT

In case of medical emergency every reasonable effort will be made to contact parent(s) or guardians(s). I/we the undersigned parent(s)/guardian(s) give permission to physician selected by the chaperones to provide proper treatment for my child/children.

Parent/Guardian Signature: _____

Parent/Guardian Name (PRINT): _____

Date: _____