



## Children's Ministry Letter of Informed Consent

Dear Parent:

We are planning an activity as part of our programming that requires your permission prior to participation. The details of the activity are provided below. We request that you complete and sign this consent form. The safety of your Child is our primary concern. Precautions will be taken for their wellbeing and protection.

**Activity:** VBS Day Camp

**Date of Activity:** Monday, July 31<sup>st</sup> to Friday, August 4<sup>th</sup>

Details of the Activity: Kids are to be dropped off at the church at 9:00 am and picked up at 11:30 am. Activities for our camp will include games, singing, and snack. Locations include the Cross Church building and the field behind the church.

**Family Information:**

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Parents' Work Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies \_\_\_\_\_

In case of an emergency, contact \_\_\_\_\_ Phone Number \_\_\_\_\_

**Registration Fee:**

Amount Due - \$10.00 per child.

Method of Payment \_\_\_\_\_

Signature of Parent or Guardian for Proof of Payment \_\_\_\_\_

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**OFFICE USE ONLY:**

TOTAL DUE: \$ \_\_\_\_\_ (\$10.00 Registration Fee per Child)

Paid \$ \_\_\_\_\_ Date: \_\_\_\_\_ Cash \_\_\_\_\_ Debit/Credit \_\_\_\_\_ Cheque \_\_\_\_\_ Balance: \_\_\_\_\_

Paid \$ \_\_\_\_\_ Date: \_\_\_\_\_ Cash \_\_\_\_\_ Debit/Credit \_\_\_\_\_ Cheque \_\_\_\_\_ Balance: \_\_\_\_\_

Paid \$ \_\_\_\_\_ Date: \_\_\_\_\_ Cash \_\_\_\_\_ Debit/Credit \_\_\_\_\_ Cheque \_\_\_\_\_ Balance: \_\_\_\_\_

**Child #1**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Health Card Number \_\_\_\_\_ Allergies \_\_\_\_\_

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of?  Yes  No If yes, please explain: \_\_\_\_\_

Is your Child bringing any medication with him/her?  Yes  No

If yes, please list. \_\_\_\_\_

**Child #2**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Health Card Number \_\_\_\_\_ Allergies \_\_\_\_\_

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of?  Yes  No If yes, please explain: \_\_\_\_\_

Is your Child bringing any medication with him/her?  Yes  No

If yes, please list. \_\_\_\_\_

**Child #3**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Health Card Number \_\_\_\_\_ Allergies \_\_\_\_\_

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of?  Yes  No If yes, please explain: \_\_\_\_\_

Is your Child bringing any medication with him/her?  Yes  No

If yes, please list. \_\_\_\_\_

The safety of your Child is our primary concern. Precautions will be taken for their well-being and protection.

However, I, being the parent(s) or guardian(s) of the Child, understand there may be certain physical risks and other risks or injury to any and all parts of the body, including death, to the Child in participating in the activities of Cross Church Winnipeg (the "Activities"). I understand that medical and/or dental care may be necessary for the Child as a result of participating in the Activities. I understand that an injured or ill person may need to be moved or transported to a location where outside resources and help can be accessed, and I understand that these situations may increase the severity or extent of an injury and/or reduce the chances of survival. I understand and agree to assume responsibility for any expenses and costs associated with such medical and/or dental treatment and transportation for the Child. I understand and authorize Cross Church Winnipeg Staff and Volunteers to sign any necessary consent(s) for medical and/or dental treatment and to authorize any physician, dentist and/or hospital to provide medical and/or dental assessment, treatment or procedures for the Child.

I acknowledge having read and understood the above, and accept and consent to the above conditions and risks and thus to allow the Child to participate in the Activities.

Accordingly, and in consideration of allowing the Child to participate in the Activities, I hereby absolutely and forever release, remise, acquit and discharge CROSS CHURCH WINNIPEG INC., its officers, directors, employees, members, volunteers, guides, activity instructors, agents, contractors, successors and assigns (collectively the "Releasees") of and from all manner of action or actions, cause or causes of action, suits, dues, sums of money, claims, losses, expenses, demands or damages, of any nature and kind whatsoever, both in law and equity, which I, my next-of-kin, and my heirs, executors, administrators, successors and assigns and/or the Child, the Child's next-of-kin, heirs, executors, administrators, successors and assigns, or any of them (collectively the "Releasers"), has had, now has or can, shall or may hereafter have, for or by reason of or in any way arising out of any cause, matter or thing whatsoever and in particular, without limiting the generality of the foregoing, for or by reason of or in any way arising out of any injury (including serious injury), death, damage or loss (of any kind) that may be sustained by the Releasers or any of them, regardless of howsoever sustained and/or howsoever caused (including, without limitation, negligence, breach of contract, or breach of any statutory or other duty of care, including any duty of care owed under relevant occupiers liability laws), resulting from the Activities, as well as from any medical and/or dental treatment authorized by the Releasees, or any of them.

**Parent / Guardian Options**

I hereby consent to the participation of my/our child(ren) in this supervised activity.

Parents'/Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

This informed consent is effective: July 31<sup>st</sup>, 2023 to August 4<sup>th</sup>, 2023

**Child #4**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Health Card Number \_\_\_\_\_ Allergies \_\_\_\_\_

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of?  Yes  No If yes, please explain: \_\_\_\_\_

Is your Child bringing any medication with him/her?  Yes  No

If yes, please list. \_\_\_\_\_

**Child #5**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Health Card Number \_\_\_\_\_ Allergies \_\_\_\_\_

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of?  Yes  No If yes, please explain: \_\_\_\_\_

Is your Child bringing any medication with him/her?  Yes  No

If yes, please list. \_\_\_\_\_

**Child #6**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Health Card Number \_\_\_\_\_ Allergies \_\_\_\_\_

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of?  Yes  No If yes, please explain: \_\_\_\_\_

Is your Child bringing any medication with him/her?  Yes  No

If yes, please list. \_\_\_\_\_

Parents'/Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

This informed consent is effective: July 31<sup>st</sup>, 2023 to August 4<sup>th</sup>, 2023