



# WEEKEND CAMPS, DAY TRIPS & SPORT EVENTS INFORMED CONSENT AND HEALTH INFORMATION

Guests ***MUST*** complete all spaces and ***sign this form*** prior to participation in any Young Life activities.  
Guests who are minors under Provincial law must have this form signed by a parent or legal guardian.

## Event Information

YL Area:	Date of Event:
----------	----------------

## Camper Information

First Name:	Last Name:
Email:	Phone:
Birthdate (mm/dd/yy):	Gender:
Mailing Address:	

## Medical Information

Prov. Health Care or Insurance Policy #:	
Doctor's Name:	Doctor's Phone:
Dietary Restrictions:	
Allergies (include severity of reaction):	
Health Related Restrictions:	
Chronic Medical Conditions:	
Daily Medications or Treatments:	
Other Health Information that would be helpful to explain:	

## Parent / Guardian Information

First Name:	Last Name:
Email:	Phone:
Mailing Address:	

## Emergency Contact Information

Name:	Phone:
Relationship to Camper:	

# CONSENT- Read thoroughly before signing

**MEDICAL TREATMENT:** I hereby give permission to the medical personnel appointed by Young Life of Canada to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for the individual named on this form. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel appointed by Young Life of Canada to secure and administer treatment, including hospitalization, for the individual named on this form. This completed form may be photocopied for Young Life sponsored travel to and from camp.

initial

environment. I am hereby informed that possible illness or injury may result due to exposure to allergens.

initial

**JURISDICTION:** I understand any and all actions that may arise from this agreement or the use of Young Life facilities or participation in Young Life events will be governed by the laws of Canada and its provinces and I consent to the exclusive jurisdiction of the courts in the province in which the event or activities occur.

initial

**HEALTH COVERAGE:** I agree to provide Young Life of Canada with evidence of my current Provincial medical coverage or equivalent. I understand I may be billed for medical expenses not covered by my Provincial Health Plan, my extended medical coverage, or my personal insurance plan. If these plans do not completely cover my medical expenses, Young Life's insurance will pay for additional expenses up to a limit of \$4,000 USD for dental and \$20,000 USD for other injuries from Young Life sponsored activities. Young Life's insurance does not cover guest illnesses.

initial

**BEHAVIOUR AND DISMISSAL:** The Camp Manager or designate reserves the right to dismiss a guest without refund who, in his / her opinion, is a hazard to the safety rights of others or who appears to have rejected the reasonable controls of the camp or event. I certify I have no knowledge of any physical or mental impairment that would be affected by participation in the Young Life of Canada program. I hereby give permission to the Vice President or designate to search belongings or personal effects for prohibited items if suspected. I agree to reimburse Young Life of Canada for damage or defacement of property attributable to activity at camp or event by the individual named on this form.

initial

**ACKNOWLEDGEMENT OF INHERENT RISK:** I acknowledge and understand there are inherent risks associated with many camp activities, such as broken or fractured bones, concussion, cuts and scrapes, drowning, etc. I will assume the risk associated therewith, whether known or unknown to me at this time. I understand Young Life of Canada has undertaken to ensure the property and recreational activities are as safe as possible. I also understand Young Life of Canada cannot guarantee a food-allergy-free environment. I am hereby informed that possible illness or injury may result due to exposure to allergens.

initial

**LOST ITEMS:** Young Life of Canada is not responsible for personal items which are lost, stolen or damaged.

initial

**PROMOTIONAL PHOTOS:** I give permission to Young Life or its designate to take and use photos, videos or any other recording of me or my named minor for use in promotional materials or event/camp videos

initial

**LIABILITY:** I understand Young Life has undertaken to ensure the travel and recreational activities are as safe as possible. By my participation in activities, I understand there are inherent risks based on my involvement and I choose to accept any risk of personal injury. I also understand Young Life cannot guarantee a viral/bacterial-free or food-allergy-free

**SWIMMING:** Some camps involve water activities, please indicate the swimming ability of the camper

- Cannot swim
- Weak swimmer (tread water and swim 25m or less)

Strong swimmer

By signing below, I accept that I am giving informed consent and understand that there are inherent risks in any and all aspects of participation. I save and hold harmless the Directors, Officers, Volunteers, Employees of Young Life of Canada and any or all of their affiliates from any and all actions, causes of action, claims and demands resulting from any loss, injury or damage to person or property which has arisen or may arise from any and all travel and activities during the event and all use of Young Life of Canada equipment or facilities including any programs, travel, activities or otherwise.

By signing below, you are verifying you have carefully read and understand the contents of this informed consent and health form. The parents/guardians submitting this form on behalf of a minor are those having legal custody of the minor. If a custodial order is in place, this will be fully communicated to Young Life of Canada including a photocopy of the section of any court order referring to visitation rights. This consent is also intended to include all claims of my family members, estate, heirs, personal representatives or assigns.

Signature \_\_\_\_\_

Date \_\_\_\_\_

NOTE: Parental signature required for minor children.

Name of Parent (if applicable) – Please print \_\_\_\_\_