

* Please complete this form if attending the Friday Adventure trip to Splitsville

St. Francis Xavier Parish

PARENT/GUARDIAN INFORMATION, AGREEMENT AND REQUEST FOR OUT OF CHURCH PROGRAMS

This form is to accompany the adult leader during the program. PLEASE BE SURE TO FILL OUT BOTH SIDES OF THIS FORM

PARTICIPANT'S NAME: _____

OUT-OF-CHURCH PROGRAM INFORMATION

- ACTIVITY: Splitsville trip (Bible Camp)
- LOCATION: Splitsville Hamilton (1525 Stone Church Road E.)
- DATE OF PROGRAM: July 12 or August 2, 2019
- LEAVING FROM AND ARRIVING BACK AT: St. Francis Xavier Parish
- TIME LEAVING: 11:30 am
- TIME RETURNING: 2:50 pm
- TYPE OF ACTIVITY: bowling, arcade games
- METHOD OF TRANSPORTATION: school bus
- ADULT SUPERVISORS: Wes Moga (St. Fx Youth Minister), camp leaders
- COST OF PROGRAM/PARTICIPANT: \$25
- EMERGENCY CONTACT NUMBER: 905-730-0946 (Wes cell phone)

CURRENT EMERGENCY INFORMATION

PARTICIPANT'S NAME: _____

HEALTH CARD # _____

HOME TELEPHONE #: _____

MOTHER'S CONTACT#: _____ FATHER'S CONTACT#: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY PHONE #: _____

CURRENT MEDICAL INFORMATION

1: Is your son/daughter allergic to any drugs, foods, medications/other? YES: _____ NO: _____

IF YES, PROVIDE DETAILS: _____

2: Does your child take any prescription drugs? YES: _____ NO: _____

IF YES, PROVIDE DETAILS: _____

3: What medication(s) should the participant have on hand? _____

4: Who should administer the medication? _____

5: Specify any other physical limitations your child has that may affect full participation in this program. Provide pertinent details or contact supervising adult leader(s). _____

MEDICAL SERVICES AUTHORIZATION (OPTIONAL SIGNATURE FOR PARTICIPATION)

I/We give consent, in the event of injury or illness, for medical personnel to administer medical and/or surgical services including anesthesia and drugs with the understanding that every reasonable effort will be made by the church/hospital to contact me.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

ACCIDENT INSURANCE NOTICE

St. FX Roman Catholic Church does not provide any accidental death, disability, dismemberment/medical/dental expenses insurance on behalf of the child participating in the activity.

ELEMENTS OF RISK NOTICE

Out-of-church programs involve certain elements of risk. Falls, collisions and other incidents may cause injuries that range from minor sprains and strains to more serious injuries affecting the head, neck or back. Some injuries could lead to paralysis or prove to be life threatening. These injuries result from the nature of the activity and can occur without any fault on either the part of the child, or the church or its employees or agents, or the facility where the activity is taking place. By choosing to participate in the activity you are assuming the risk of an injury occurring. The chances of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

St. FX attempts to manage as effectively as possible the risks involved for children while participating in out of church programs.

TRANSPORTATION INSURANCE NOTICE

St. FX requires all authorized volunteer drivers to have a minimum of \$2,000,000.00 third party liability insurance coverage. Furthermore, for the protection of your child(ren) against a minimally insured third party, the Church recommends that the child's parent or legal guardian strongly consider obtaining the Family Protection Endorsement/"OEF Number 44" of their vehicle in order that their child be covered as passengers in the vehicle of the program driver.

INFORMED CONSENT AGREEMENT

St. FX or its employees, servants or agents shall not be liable for injury or loss or damage to personal property arising from, or in any way resulting from participation in the above listed activities, servants or agents while acting within the scope of their duties.

REQUIRED SIGNATURES FOR PARTICIPATION

ACKNOWLEDGMENT OF RISKS

I/We read and understand the notices of accident insurance, transportation insurance, elements of risk and informed consent. I/We hereby acknowledge and accept the risks inherent in the planned out-of-church program and assume responsibility for my/our child for personal health, medical, dental and accident insurance coverage.

SIGNATURE OF PARENT/GUARDIAN:

_____ DATE: _____

REQUEST TO PARTICIPATE AND BEHAVIOUR AGREEMENT

I/We request my child be permitted to participate in the out-of-church program and agree to pay any damages which may be occasioned through the misconduct or carelessness of my son/daughter/ward to the person or property of any other party or parties. The participant agrees to behave as a Catholic person would be expected to behave, and to obey all proper direction of Parish staff, chaperones, and/or employees of the facility being utilized.

SIGNATURE OF PARTICIPANT:

_____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN:

_____ DATE: _____

FREEDOM OF INFORMATION NOTICE:

The information provided on this form is protected under the Freedom of Information & Protection of Privacy Act and will be utilized only for the purposes related to the Diocese's policies on Out-Of-Church Program