

OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK

PROGRAM/ACTIVITY INFORMATION	
ORGANIZATION: UKRAINIAN ORTHODOX CHURCH OF CANADA	
PARTICIPANT NAME: _____	
PROGRAM/ACTIVITY: Western Eparchy Youth Activities	
DATE(S):OCTOBER 25 AND 26, 2019	
SERIES OF OFF-SITE ACTIVITIES (Specify program): ED’S BOWLING ALLEY, SLEEPOVER AT ST. JOHN’S CATHEDRAL, AND CHOSEN ACTIVITY AT WEST EDMONTON MALL.	
SUPERVISOR-IN-CHARGE: Rev. Fr. Dr. Timothy Chrapko	
CHURCH RESPONSIBILITIES	
The Church will make every reasonable effort to ensure or ascertain that: a. The staff, volunteers and/or service providers involved are suitably trained and qualified. b. The participants are adequately supervised during all aspects of the program/activity. c. The location(s) used are appropriate and safe for the activity(ies) and group. d. Equipment used has been inspected and deemed appropriate and safe.	
POTENTIAL HAZARDS	
Potential known hazards include the following: Children will have unsupervised time at West Edmonton Mall. Supervision will be varied due to the age of the participants. Participants must take responsibility to conduct themselves in a safe manner.	

CONSENT AND ACKNOWLEDGEMENT OF RISK

1. Mode of Transportation: Taxi or Volunteer Driver.

2. I accept this mode of transportation for this activity: Yes _____ No _____

If No, I permit my child to use alternate means of transportation. Specify means:

3. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks or hazards, including information beyond that provided to me by the church.

4. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury due to an unforeseeable event associated with his/her participation.

5. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the church's or service provider's administrators, instructors, and supervisors over all phases of the program/activity.

6. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, at my expense.

7. I acknowledge that it is my responsibility to advise the church of any medical and/or health concerns of my child which may affect his/her participation in the stated program or activity.

8. I consent that the church, through its employees, agents, and officers, may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.

9. Based on my understanding, acknowledgment, and consents as described herein, I agree that

(Name of Student) _____ has my permission to participate in this program/activity.

Date: _____

Name of Parent/Guardian (Please print): _____

Signature: _____

TRIP EMERGENCY MEDICAL INFORMATION (ATTACH A SEPARATE PAGE IF MORE SPACE NEEDED)

Student Name: _____

Birth Date: _____

Allergies (e.g., specific drugs, certain foods, insect stings,s, hay fever) Specify:

Reaction(s) to above?

Carries Epipen? (please circle) Yes/ No

Carries Ana Kit? (please circle) Yes/ No

Medical/physical conditions that may affect participation in the stated program/activity

(e.g., recent illness or injury, chronic conditions, phobias, non/weak swimmer, etc.)

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in (please note that the supervisors of this trip do not have training in adaptation for special needs. If your child requires constant adaptation or 1 to 1 supervision, a parent must accompany the child to this program and serve as their primary caregiver):

Medication(s) taken: (name, reason, dosage, storage, potential side effects/treatment of such):

Other Health/Medical/Dietary Concerns:

Emergency Contacts:

1) _____ Phone: _____

2) _____ Phone: (H) _____

