CALVARY BAPTIST CHURCH

INFORMED LETTER OF CONSENT

Childs Name(s):_____

Activity: Boyz Club Overnight Sleepover

Date of Activity: May 29-30, 2015

Details of the Activity: ***Boyz Club Sleepover - outdoor/ indoor games, campfire, hot dog roast, sleeping over inside the church under the supervision of Boyz Club leaders.***

Dear Parent/Guardian:

The Boyz Club program is planning an activity as part of our programming that requires your permission prior to participation. We have provided you the details of the activity and request that you complete and sign the permission form. The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection.

Permission Form and Consent:

Child's Name _____

Date of Birth _____ Age: _____

Address_____

Home Phone Number _____

Parent/Guardian Work Number _____ Cell number_____

Child's Care Card Number _____

Family Doctor _____ Phone Number_____

In case of an emergency, contact (name and phone number):
_____

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

While every precaution is taken for the safety and good health, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at **CALVARY BAPTIST CHURCH**. I/we understand and accept these risks and agree that by allowing my child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury.

I/we, the parents or guardians named below, authorize the Chilren's Ministry Director or one of the **CALVARY BAPTIST CHURCH** Ministry Staff to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold blameless **CALVARY BAPTIST CHURCH**, its personnel, its Directors and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the **CALVARY BAPTIST CHURCH**, as well as of any medical treatment authorized by the supervising individuals representing the **CALVARY BAPTIST CHURCH**. This consent and authorization is effective only when participating in or traveling to events of the **CALVARY BAPTIST CHURCH.**

Photos

Please check boxes and sign below to grant permission for the reasonable use of pictures containing your child in any or all of the following ways:

❑ Brochures/Promotional material ❑ Church ❑ Facebook

❑ Website ❑ Newsletters

Allergies

_____

_____

_____

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

If yes, please list and describe:_____

_____

_____

I have read, understood and agree with above.

Activity: Boyz Club Sleepover

Parent / Guardian Signature

_____

Printed Name _____ Date _____