

WINTER RETREAT REGISTRATION FORM // 2024

GRADES 6-12

FEB 9-11, 2024

Emmanuel Baptist Church Youth Group Cost: \$175

Please hand in your form before Feb 1. You can either hand it in person or you can scan and email it to Rachel at Rachel@ebap.ca. Payments can be made by cheque, cash or e-transfer to bookkeeper@ebap.ca (mention in the comments that it's for the youth retreat).

FIRST NAME: _____

LAST NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

TOWN: _____

POSTAL CODE: _____

EMAIL: _____

PHONE: _____

CELL#: _____

HEALTH CARD

NAME ON CARD: _____

CARD NUMBER: _____

PARENT / GUARDIAN

FIRST NAME: _____

LAST NAME: _____

RELATIONSHIP: _____

PHONE: _____

SPECIAL FOOD REQUIREMENTS

FOOD ALLERGIES: *DO YOU HAVE ANY FOOD ALLERGIES YOU ARE AWARE OF?*

MEDICAL CONDITIONS / MEDICATIONS NEEDED

PARENTAL/GUARDIAN WAIVER AND PERMISSION

I _____ the legal guardian of _____ give consent for them to participate fully in the youth retreat. IN CONSIDERATION OF Emmanuel Baptist Church allowing me or my child to participate in the activities, I agree on behalf of myself and/or my child: TO ASSUME and ACCEPT ALL RISKS arising out of, associated with or related to my or my child's participation in the activities.

TO WAIVE and RELEASE the Emmanuel Baptist Church from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child's participation in the activities due to any cause whatsoever. TO INDEMNIFY and HOLD HARMLESS the Emmanuel Baptist Church from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child's participation in the activities.

TO INDEMNIFY and HOLD HARMLESS Emmanuel Baptist Church from any and all claims, demands, actions, and costs for any loss, injury, damage, or expense whatsoever that might arise out of my or my child's participation in the activities. TO INDEMNIFY and HOLD HARMLESS the Emmanuel Baptist Church and all its officers, agents, servants and employees, acting officially or otherwise, from any and all actions, causes of action, claims and demands for, upon, or by reason of any injury, damage, loss, or death which may occur from any cause including, but not limited to any accident while participating individually or with others in said events.

WHEREAS, I plan to participate in the Youth Group and related activities. I hereby consent to and authorize such emergency or other medical treatment of the participant as may be deemed advisable in the event of accident, injury, or illness during the youth group activities.

Parent/guardian's signature & date

signature

date

.....

.....

Media:

I grant the Quest permission to use and publish photographs and/or video images of my child, or in which they may be included, for any purpose authorized by the Quest, including but not limited to: website use, editorial publications, and advertising use.

Yes _____ No _____

Parent Signature _____

EBAP YOUTH - MEDICAL RELEASE FORM

The following form is to have the authorization for medical consent during mission trips, extended events such as camps or retreats, or times when Emmanuel Baptist Church is responsible for your student when we are in another country. The primary purpose of this form is to ensure that your child is able to receive appropriate medical attention in a timely fashion. If you have any questions or concerns regarding this form, please contact Rachel Bueckert (The Director of Student Ministries), Rob Priestley (Pastor) or Jan Smith (Church Notary Public).

Authorization to Consent to Medical Treatment of Child

I make oath and say that I am the lawful guardian of the child listed below and there are no court orders now in effect that would prohibit me from conferring the power of consent upon another person.

[name]....., born [date] and residing at

I hereby authorize and appoint Rachel Bueckert of Emmanuel Baptist Church as my agent. My agent may consent to my child's

- Transportation by ambulance
- Examination
- X-rays
- Diagnoses
- Hospitalization
- Anesthesia
- Medication
- I do/do not authorize to consent to the transfusion of blood

My agent may have access to any and all records, including but not limited to, insurance records regarding any medical services or treatment provided.

The purpose of this instrument is to give Rachel Bueckert the power and authority to consent to medical treatment for my child. This power and authority will be effective as of date:
..... until

I give this consent freely and knowingly in order to provide for the child and not as a result of coercion, duress or payments by any person or agency.

Any questions or concerns regarding this authorization may be directed to me at:

NAME:

ADDRESS:

PHONE:

SECONDARY PHONE:

EMAIL:

In witness whereof, I hereunto sign my name at, Saskatchewan this
.....day of