



## Oasis Youth Information – August 2017

### Who is leading Oasis Youth this year?

Natasha Davidson of Wolfville, Nova Scotia and a team of leaders from around the Atlantic Provinces will be providing leadership for Oasis Youth.

### What will my youth be doing?

There are a lot of fun things planned for Oasis Youth this year, along with our sessions that will be held at Crandall in the Student's Centre we will be doing one trip off campus.

On Friday, we will be taking another trip to Magic Mountain (<http://www.magicmountain.ca>) from 10:00AM-4:30pm.

Transportation will be provided to and from this venue.

Please make sure that youth have good shoes for running.

### What about meals?

The youth will reconnect with you for both lunch and supper, with the exception of Friday lunch, when students will have lunch at Magic Mountain (parents are responsible for. We are kindly asking parents to be mindful of the pick-up and drop-off times so our leaders can enjoy time for their meals as well.

### What Should my youth bring?

For our trip to Magic Mountain on Friday, please come with sandals, money for lunch, swim suit to change into, towel, a hat, and sunscreen. The cost for this trip will be \$15/youth (This fee does not include lunch or the rental of a locker which is \$10 for full day and you get \$5 back when you return your key). Payment options – you can pay on the general Oasis registration form, Please pay this upon registration at Oasis Youth on Thursday night or online now: <https://atlchristian.wufoo.eu/forms/oasis-youth-2017-magic-mountain>.

### In case of emergencies?

Please contact Natasha Davidson at 1-902-691-1060. Please call/text for emergency reasons only.

**PERMISSION SLIP**  
**Oasis Youth Trip to Magic Mountain**

Youth's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number (s): \_\_\_\_\_

Home

Work

Cell

E-mail: \_\_\_\_\_

Youth's Provincial Health Card Number: \_\_\_\_\_

Do you have additional health coverage: Yes  No

If yes, who is the carrier and what is your subscription number:

\_\_\_\_\_

Does your son/daughter have any medical conditions, allergies, food intolerance, or difficulties we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

Any further specific instructions for the care of your youth for the above conditions?

\_\_\_\_\_

\_\_\_\_\_

**Permission:** I hereby give permission for my son/daughter to participate in the trip to **Magic Mountain** with the leaders of Oasis Youth on August 25<sup>th</sup>, 2017. I hereby give permission to the physician selected by my son/daughter's leader to hospitalize and secure proper treatment for my youth if it is deemed necessary. \_\_\_\_\_ (initial)

(See Over)

**Media Waiver:** By registering for Oasis, I understand that photos and videos may be taken for promotion of Oasis/Canadian Baptists of Atlantic Canada (print, web, etc.). I hereby give permission for my son/daughter to be included and waive expectation for privacy, confidentiality and financial compensation. [\*If I wish my son/daughter to be excluded from photos, Oasis Youth Director and staff must be notified at the beginning of Oasis.] \_\_\_\_\_ (initial)

**Release Form**

I/we, the undersigned, whom are the parent(s) or guardian(s) of the above mentioned child, do hereby release, remise and forever discharge Oasis Youth and Canadian Baptists of Atlantic Canada, its ministers, officers, trustees, employees, agents and volunteers from and against all claims, actions, causes of actions and demands for or by reason of any damage, loss of injury to person and/or property which hereafter may be sustained, whatsoever and howsoever caused, arising out of, or in connection with the participation of the above mentioned child, in the activities at/of Oasis Youth. I/we further covenant and agree to save harmless the aforementioned parties, their heirs, successors, executors, administrators and assigns from any action brought by and on behalf of the child in respect of the activity contemplated herein. I/we agree that this Release shall bind our heirs, executors, administrator and assigns. \_\_\_\_\_ (initial)

\_\_\_\_\_  
Parent's / Guardian's Signature

\_\_\_\_\_  
Date