

# OFF SIGHT DAY TRIP

## Permission Form - Oasis Kids

**Date:** Friday August 23<sup>rd</sup>, 2019

**Location:** Centennial Park Moncton

**Times:** Leaving Crandall at 9:00am sharp and arriving back at Noon

**What to bring:** Swimsuit and towel for splash pad, sunscreen, hat and water bottle, good shoes for walking and playing.

**Child's Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Grade in School:** \_\_\_\_\_ **Birthday (D/M/Y):** \_\_\_\_\_

**Provincial Health Card #:** \_\_\_\_\_ **Expiry:** \_\_\_\_\_

- **Does your child have any medical conditions/illness (ie. Diabetes, Epilepsy, Asthma, etc.) Or any severe/life threatening allergies or intolerances (ie. bee strings, food, medications, etc.)?**

Yes \_\_\_ No \_\_\_ If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

- **Does your child have any Physical, Emotional, Mental or Behavioural concerns or limitations that we should be aware of? Yes\_\_\_ No \_\_\_ If Yes, please explain:**

\_\_\_\_\_

**Parent/Guardian's Name:**

\_\_\_\_\_

**Home Address:**

\_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Parent's Cell #/Emergency #:** \_\_\_\_\_

**Family Email Address:** \_\_\_\_\_

**Home Church:** \_\_\_\_\_

- Permission:** I hereby give permission for my son/daughter to participate in the trip to Centennial Park Moncton with the leaders of Oasis Kids on August 23<sup>rd</sup>, 2019. 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)

- 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 Kids 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 Kids and Canadian Baptists of Atlantic Canada, its ministers, officers, trustees, employees, agents and volunteers from and against all claims, actions, cause 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 Kids. 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:** \_\_\_\_\_