



ST. JOSEPH CHURCH

148 Madison Avenue South, Kitchener Ontario N2G 3M6

Phone (519) 745 - 9302 Fax (519) 741 - 9944

Email: sjk@golden.net

Waiver of Liability and Release

Vacation Bible School

August 20 – August 24, 2018

Participant's Name _____ Birth Date _____

Address _____ Phone No. _____

I give permission for my son/daughter to participate in the youth group of St. Joseph Parish having read and agreed to the following:

- ✓ I understand that if my child behaves inappropriately, refuses to follow the rules or listen to the leaders I will be called and my child will be sent home.
- ✓ I give permission to the youth ministers in charge of these activities to obtain medical assistance in case of emergency.
- ✓ I give permission for my child to be evaluated, diagnosed, treated and/or given medication in accordance with standard medical practice by licensed medical personnel under emergency circumstances in my absence.
- ✓ I understand some elements of risk are associated with any activity and I am willing to allow my child to participate.
- ✓ I understand that not all activities are on St. Joseph's property.

Parent's Signature: _____ Date: _____

Family Physician: _____ Phone: _____

Allergies: _____

Current Medications: _____

Medical History: _____

Participant's O.H.I.P. No. _____

In case of an emergency, please contact:

Name: _____ Name: _____

Address: _____ Address: _____

Phone No.: _____ Phone No.: _____