



Permission and Consent Form

BRAIN FREEZE 2019

(formerly Worshiplude for LoCo)

Regions 7,8 & 9 – For ages Grade 9 and up

(Hosted by Antler River Watershed Region)

Questions can be sent to

Brain Freeze, Care of:

Matt Lindsay, Head Coordinator - lindmattfanshawe@gmail.com or
Kathy Douglas, Faith Formation Minister - KDouglas@united-church.ca

Registration online at www.londonconference.ca/content/brain-freeze.

The cost is \$50, Cheques to be made out to:

‘Antler River Watershed Regional Council’

Please indicate that the cheque is for Brain Freeze on the bottom of the cheque.

**Permissions & cheques MUST be mailed to:
Brain Freeze 2019 c/o PO Box 100, Carlisle, ON L0R 1H0**

Cheques may be post-dated to January 15, 2019.

Please note that no refunds will be given.

See Information Form for More Details

BRAIN FREEZE 2019

Full Name of Participant _____

Birth Date: _____ Age: _____ Grade: _____ Email: _____

Home Church: _____

Name of Parents/Guardian: _____

Home Phone Number _____ Work/Cell _____

Full address: _____

Contact person (not parent) in case of emergency and parents/guardians/caregivers cannot be reached:

Name: _____

Phone: _____

Cell phone number of participant if applicable: _____

Does participant have any severe allergies or other medical condition that leaders should be aware of?

Yes ___ No ___

If yes, please list and explain _____

Participant's Health card number (optional): _____

(Will expedite treatment)

PIZZA OPTIONS please circle one: Regular Gluten-free Vegetarian Cheese

Brain Freeze T-Shirt please circle one – Small Medium Large X-Large

Parent/Guardian Consent:

I, _____, hereby give consent for the above participant to participate in Brain Freeze from February 1-3, 2019. I confirm that his/her health is suitable for outdoor activities. In case of emergency, I authorize leadership for this event to refer the above to medical authorities on my behalf.

Continued ...

Participant Statement:

I, _____, acknowledge that Brain Freeze is a drug and alcohol free weekend. I will not bring any illegal drugs or any alcohol with me. I agree to turn over any medication that I bring to the designated adult. I understand that I will be expected to abide by all rules and guidelines for the weekend as explained at the start of the event.

Waiver and Release

Part A - Photographs and Videos Release

As part of Brain Freeze activities, photographs and videos may be taken. These photographs and videos may be used on the church website, or in church publications, church promotional materials or other visual (e.g. PowerPoint) presentations.

___ YES, I gave permission for my child/youth, _____, to be in these photographs and videos. I understand that these photographs and videos may be used on your church website, in your church publications, in your church promotional materials or other visual (e.g. Power Point) presentations.

___ NO, I do not give permission for my child, _____, to be in these photographs and videos.

Part B – Accountability

I understand that my child will be participating in activities that have an inherent risk factor; all appropriate precautions will be taken for participant safety. I agree to not hold Antler River Watershed Regional Council or any of its employees and volunteers responsible in the event of injury or losses.

I understand that Brain Freeze leaders have the right to dismiss a participant, who, in their opinion, has displayed unacceptable behavior. The participant will be sent home at their own expense!

Part C – Medical Consent

In case of medical emergency every reasonable effort will be made to contact parent(s) or guardians(s). I/we the undersigned parent(s)/guardian(s) give permission to physician selected by the chaperones to provide proper treatment for my child/children.

(Please make sure all above information is answered truthfully before you sign below)

Parent/Guardian Signature: _____

Parent/ Guardian Name (PRINT): _____

Date: _____