

**Bethel Church  
Goat Island Father/Son Weekend  
Consent Form**



**Note: If a participant is less than 18 years of age,  
a parent or guardian must sign.**

**Event Dates:** \_\_\_\_\_

Youth's Name(s): \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

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

City, Province: \_\_\_\_\_, \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Child's OHIP number: \_\_\_\_\_

- I will be attending the Goat Island weekend with my son/ward, and agree to the terms and conditions below.
- I will not be attending, but have read and agreed to the terms below.

With respect to outdoor activities, experience has shown that there are times when illness or accident may occur and immediate surgical or medical attention is necessary.

***If I am attending***, I will ensure the safety of my child as well as others by:

- whenever possible, directly supervising (or delegating supervision to) my child
- instructing him in the proper use of equipment and in proper behaviour during a sport or activity.
- ensuring that a life jacket is worn by him during any water activity, and especially during travel by boat or barge.

***If I am not attending***, I hereby give **permission** for the leader in charge, or their designate, to make arrangements for qualified surgical or medical attention for **my child** in the event of an emergency, without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

I, the undersigned, having read, understood and completed the above and having been briefed regarding the nature of the weekend's activities, hereby give my permission for my child to attend and participate in the following activities:

- Fishing
- Brog (a variation of capture the flag)
- Campfire cooking
- Transportation via boat to and from or around Goat Island
- "Free play" time with other children

**Allergies or other medical considerations:**

**Parent / Guardian:** \_\_\_\_\_

**Child(ren):** \_\_\_\_\_

**Emergency Contact Information:**

Contact's Name: \_\_\_\_\_

Telephone #'s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

**Signed:**

**Parent / Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(mm) (dd) (year)

**Name (Please print):** \_\_\_\_\_