

**INFORMED LETTER OF CONSENT FOR SUPERVISED OFF-SITE ACTIVITIES**

**(without transportation)**

**[STORE FORMS PERMANENTLY IN A LOCKED CABINET]**

Student's Name: \_\_\_\_\_ Satellite: \_\_\_\_\_

Activities Taking Place: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Activity: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Dear Parent:

We are planning an activity as part of our programming that requires your permission prior to participation. We have provided you the details of the activity and request that you complete and sign the permission form. The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection. Youth Unlimited YFC Southwestern Ontario is collecting and retaining this personal information for the purpose of enrolling your child in this activity. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Youth Unlimited YFC Southwestern Ontario to limit the information collected, or to view your child's information, please contact us. This form should be completed by the Parent/Caregiver if under 18 or by the individual participant if 18 years or older.

**Permission Form and Consent:**

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

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

Phone #: \_\_\_\_\_ Parent Work #: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Emergency Contact Name and #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Is your child bringing any medication with him/her?

YES

NO

If yes, please list: \_\_\_\_\_

Allergies: \_\_\_\_\_

Does your child have any physical, emotional, mental or behavioural concerns or limitations that staff should be aware of?                      YES                      NO

If yes, please explain: \_\_\_\_\_

I/we hereby consent to the participation of my/our child in this supervised activity.

While every precaution is taken for their safety and good health, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at Youth Unlimited YFC Southwestern Ontario. I/we understand and accept these risks and agree that by allowing my/our child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury.

I/we, the parents or guardians named below, authorize Youth Unlimited YFC Southwestern Ontario's Program Personnel to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below undertake and agree to indemnify and hold blameless Youth Unlimited YFC Southwestern Ontario, its personnel, its Directors and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities Youth Unlimited YFC Southwestern Ontario, as well as of any medical treatment authorized by the supervising individuals representing Youth Unlimited YFC Southwestern Ontario. This consent and authorization is effective only when participating in or traveling to events of Youth Unlimited YFC Southwestern Ontario.

A policy is in effect that communication is to be used solely for the dissemination of information. I/We agree to permit Youth Unlimited YFC Southwestern Ontario staff or volunteers to communicate with the participant via telephone, email, social media or text.

**I have read, understood, and agree with the above.**

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* Participants under 18 years of age require the signature of Parent or Guardian \*\*

## ACCEPTABLE TECHNOLOGY USE AGREEMENT

**Children and young people will be required to agree to the following expectations for responsible Internet/Data/Technology/Wifi Use:**

1. When using a network or similar I will only use my own login and password which will be kept secret.
2. I understand that I must not bring software into the organization without permission.
3. I am responsible for email that I send and for contacts made. I will only send messages which are polite, sensible and free from unsuitable language.
4. I will ensure that they are carefully written. I will not send any attachments which are hurtful, abusive or offensive.
5. If I receive anything, see anything or come across a website which may be unsuitable or makes me feel uncomfortable I will immediately tell a program leader.
6. I understand that illegal activity, violation of copyrights and obscene or sexually explicit material are prohibited.
7. I understand that I must never give my home address, phone number, send photos, give out personal information, or arrange to meet someone who contacts me over the Internet.
8. I understand that if I deliberately break these rules, I will not be allowed to use the Internet and/or email and that my parent/guardians will be informed.

**I understand and will abide by this Acceptable Internet and Wifi Use Policy. I further understand that any violation of the regulations above may cause my access privileges to be revoked and may result in appropriate legal action against me.**

Parent/Guardian Signature (if under 18): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTO AND MEDIA AUTHORIZATION

We would like to share with our community the many positive things taking place in our events and programs. However, we want to strike the right balance between getting our message out and respecting the wishes of parents/guardians who do not want their children photographed, videotaped or their child's name, stories or photo displayed in our newsletters, social media post and websites.

A policy is in effect to protect personal information; images count as personal data under the PIPEDA (Personal Information Protection and Electronic Documents Act). The policy applies to all images and audio content be it still photographs, films or audio clips.

Publications and Media Coverage:

- I consent to my child being photographed, videotaped or interviewed and their name and image used in publications and/or media coverage for Youth Unlimited YFC Southwestern Ontario related events.
- I do NOT consent to my child being photographed, videotaped, or interviewed for media purposes.

Website/Social Media

- I consent to my child's information being used on Youth Unlimited YFC Southwestern websites or social media pages (We will not publish names of minors.)
- I do NOT consent to my child's photo/image/video image being used on Youth Unlimited YFC Southwestern Ontario websites or social media pages.

I acknowledge that I have read and understand the foregoing prior to signing this Photo and Media Authorization.

Parent/Guardian Signature (if under 18): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Internal use only. To be completed by the Program Leader:**

I have reviewed this form and ensured that all necessary fields were completed.

Program Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Leader Printed Name: \_\_\_\_\_

\*\* Participants under 18 years of age require the signature of Parent or Guardian \*\*

Youth Unlimited YFC Southwestern Ontario is a division of Southwestern Ontario Youth for Christ