

Peterborough Youth Con Feb 22-24, 2019

Youth Informed Consent Form

To be completed by a parent/guardian of youth who are under 18

All Youth (ages 14 – 20) are **required** to provide a **signed copy** of this form as part of the requirements for their attendance at the Peterborough Youth Con Feb. 22-24, 2019.

Form can be **mailed or scanned and Emailed ahead of time or brought by youth on start date of Youth Con, Friday Feb. 22**. Mail to: Unitarian Fellowship of Peterborough c/o 171A Rink Street, Suite 266, Peterborough, ON, K9J 2J6. Scan and Email to: rec.peterborough@gmail.com

Youth Name(s): _____

Parent/guardian may use the same form for all youth in your household attending Con.

Parent/guardian Name: _____

Parent/guardian Email: _____

Parent/guardian phone number: _____

Parent/Guardian Consent:

By checking these boxes, you are agreeing to the following:

- I give permission for my registered youth to attend the Peterborough Youth Con Feb. 22-24, 2019.
- I understand that photographs may be taken of the participants during the course of the event. I give permission for my youth to be photographed and to have those photographs displayed in the Unitarian Fellowship of Peterborough event documentation and publicity.
- I understand that my youth will be required to follow the Event Rules, the rules of the program/event's site as well as affirm the Community Covenant created at the event. I further understand that a breach of these rules and covenant may result in my youth being sent home at my expense (I expect to be contacted to arrange travel home if it becomes necessary). I also agree to pay any damages that may be occasioned during the event through the misconduct or carelessness of my youth, to the person or property of any other party or parties.
- I will endeavour to be available by phone throughout the event in case of emergency. I further give my consent and authority for the leaders of the event to take any reasonable action to ensure the safety, health and welfare of my youth.
- In the case of an emergency, where contact is tried but I cannot be reached, I also give my consent for first-aid or medical personnel to administer any necessary medical or surgical treatment, including anaesthesia or drugs.

Signature of parent/guardian

Date