

# Summer Work Force 2024 PARENTAL PERMISSION FORM



## Youth Information Required

Youth Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
(first and last name) (year/month/day)

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

MB Health # (6 digit) \_\_\_\_\_ (9 digit) \_\_\_\_\_

Youth allergies/medical concerns? Please list them here: \_\_\_\_\_

## Emergency Contact Information Required

Name of Primary Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(first and last name)

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

*Please list someone different from the Parent/Guardian listed above.*

Second Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(first and last name)

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

### **Parent Medical and Liability Release Statement**

I understand that in the event medical help is needed, every attempt will be made to immediately contact the persons listed on this form. If they cannot be reached in the event of an emergency, I give permission to Work Force / Youth for Christ to authorize and arrange for any needed medical treatment and/or order an injection, anesthesia or surgery for my child that a doctor or medical professionals deem necessary. I understand all personal safety precautions will be taken at all times by Work Force / Youth For Christ and its directors, staff and volunteers during activities. These activities may include work experience and recreational activities such as sports, skateboarding, wall climbing, cooking, camping as well as other activities and transportation to and from these activities. I understand the possibility of unforeseen hazards and am aware that there is always some risk. I grant permission for my child to participate and not to hold Work Force / Youth For Christ, its Directors, staff, and its volunteers liable for damages, losses, diseases, or injuries that can occur.

### **Please initial if you understand and agree**

I understand that youth will be invited to consider the Christian faith. **Parent initials** \_\_\_\_\_

I agree to the use of photos or videos of my child by Work Force for publicity purposes. **Parent initials** \_\_\_\_\_

I agree with WF Staff setting up one on one mentoring meetings with my child in a public place. **Parent initials** \_\_\_\_\_

**I have read the above information and give my child permission to attend the 2024 Summer Work Force Program.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*THIS FORM NEEDS TO BE RETURNED TO THE WORK FORCE STAFF BEFORE YOUR CHILD CAN PARTICIPATE\***