



Summit Drive Church Consent Form

Student Name: _____

Activity: Youth Community Service Fall Cleanup

Date of Activity: Saturday, October 26th, 2024, 2-5pm

Details of the Activity:

We will be dividing youth, grades 6-12, into groups, each with at least one adult leader, to walk door to door and ask if we can serve neighbours by raking and bagging up their leaves. We will be leaving bagged leaves with homeowners to dispose of. There will be a select group of 3-5 people to cleanup at an already predestined neighbour's residence. We will also not be taking any cash donations on the spot (though I would not turn down a home baked cookie), but rather direct any appreciative and enthusiastic neighbours toward the Summit Drive giving site. By 4:30pm we will enjoy a BBQ hotdog meal and such. Rocky Naylor, Director of Junior Youth, will be the main person supervising this activity. There will also be several other youth leader adults and volunteers supervising the event.

Dear Parent:

We are planning an activity as part of our programming that requires your permission prior to participation. Parents are welcome to join and participate in serving our community as well. We have provided you with the details of the activity and request that you complete and sign the consent form. Please note that all physical activities have risks. The safety of your child(ren) is our primary concern. Precautions will be taken for their wellbeing and protection.

The risks associated with this trip include but are not limited to; vehicle traffic in the immediate Summit Drive church neighbourhood, injury and fatigue from raking leaves, and interactions with new people in the community.

Consent Form:

Student's Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Parents' Number: _____

Health Card Number: _____

Any allergies, dietary restrictions, or medical conditions: _____

In case of an emergency, contact:



I voluntarily agree and consent to the participation of my/our child(ren) in this supervised activity.

I/we, the parents or guardians named below, authorize Rocky Naylor, Director of Junior Youth, 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 Summit Drive Church, its Personnel, its leaders and Board from and against any loss, damage or injury suffered by the participant as a result of being part of this activity, as well as of any medical treatment authorized by the supervising individuals representing Summit Drive Church. This consent and authorization is effective only for the date of this activity.

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

Parent / Guardian Signature:

Printed Name _____ Date _____