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Hello,

Thank you for allowing your youth to join us at the **Avalon Youth Retreat at The Wilds Resort at 299 Salmonier Line, Holyrood NL.**

We acknowledge that this sort of travel of your young people is a significant endeavour, and take all necessary precautions to ensure your youth have a fulfilling and safe experience.

The following documents will need to be signed by parents/guardians of any youth who are under 18 years of age. Please ensure these are signed and returned to the church office prior to your youth departing for the trip.

Blessings,

Pastor Crystal

## Letter of Informed Consent

To be used for all off-site trips and activities of increased risk.

Student Name(s): \_\_\_\_\_

Activity: Avalon Youth Retreat at The Wilds Resort at 299 Salmonier Line, Holyrood NL

Date of Activity: 6:30 PM on Friday, March 2 - 1:00 PM on Sunday, March 4

Details of the Activity: On Friday, March 2 your young people may be dropped off at The Wilds Resort at **no earlier than 6:30 PM** (Access to the hotel will be unavailable as doors will be locked until that time).

Events of the weekend will include services geared toward youth, including worship and the word, games, workshops and opportunities to get to know other Christian youth from around the Avalon Area. This event is taking place at The Wilds Resort and will include a variety of indoor and outdoor activities (weather permitting).

Registration cost for this event is **\$60 per student**. Total registration is \$80 but Bethesda is providing a \$20 subsidy for all students who attend LYM. Meals are provided.

Students will be accompanied by chaperones and Pastor Crystal who will be there to see to any urgent needs.

Students will not be permitted to attend this event if they do not have this waiver returned by the registration deadline: February 15.

Parents, please discuss with your students the various risks involved in an outing like this. Students are required to follow the rules of the leadership team and engage in appropriate activities. Failure to comply may mean we will be calling you to pick up your student early.

If your student isn't able to pay the full registration cost, please contact Pastor Crystal to discuss options that will allow your student to attend.

#### What to Bring:

- Enough Clothing for 3 days.
- Outerwear for various weather conditions (some outdoor activities will be planned)
- Toiletries (shampoo, toothbrush, soap/body-wash, deodorant, etc)
- Phone charger
- Bible & Journal

#### Schedule:

Friday, March 2 - 6:30 PM - Drop Off (*doors will be locked until 6:30pm*)

Sunday, March 4 - 1:00 PM - Pick Up

#### Documents Required:

- Letter of Informed Consent
- Offsite Waiver
- AYR Registration Form

# Off-site Travel Form

Please complete if you have not completed one of these within the last 12 months.

## **Pentecostal Assemblies of Newfoundland and Labrador Youth Ministry Registration and Consent Form**

Information received is confidential and is being gathered for the purposes of serving your Child while in the care of Pentecostal Assemblies of Newfoundland and Labrador. Any medical information collected here serves to authorize Pentecostal Assemblies of Newfoundland and Labrador, and its Staff and Volunteers, to obtain medical assistance in emergencies. This form should be completed annually by the Parent / Care Giver.

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

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Parents' Work Number \_\_\_\_\_

Allergies \_\_\_\_\_

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of?    \_\_\_ Yes    \_\_\_ No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Is your Child bringing any medication with him/her?    \_\_\_ Yes    \_\_\_ No

If yes, please list.

\_\_\_\_\_  
\_\_\_\_\_

The safety of your Child is our primary concern. Precautions will be taken for their well-being and protection.

I/we, the Parents or guardians named below, authorize [program leader] or one of Pentecostal Assemblies of Newfoundland and Labrador Youth Ministry Personnel to sign a 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 harmless Program Personnel, Pentecostal Assemblies of Newfoundland and Labrador, and its leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Pentecostal Assemblies of Newfoundland and Labrador, as well as of any medical treatment authorized by the supervising individuals representing Pentecostal Assemblies of Newfoundland and Labrador. This consent and authorization is effective only when participating in or traveling to events sponsored by Pentecostal Assemblies of Newfoundland and Labrador.

### **Communication:**

A policy is in effect that communication is to be used solely for the dissemination of information. Please sign below to grant permission for Youth Ministry Personnel (staff and volunteers) to communicate with your Child via telephone, email, social media and text:

Telephone (home / work / cell)

Social Media Networks

Email

Text messages

### **Photos**

Please sign below to grant permission for the reasonable use of pictures containing your Child in any or all of the following ways:

Brochures/Promotional material

Website

Newsletters

Videotaping

### **Purposes and Extent**

Pentecostal Assemblies of Newfoundland and Labrador is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships

with you and your child, and to inform you of program updates and upcoming opportunities at our Pentecostal Assemblies of Newfoundland and Labrador. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Pentecostal Assemblies of Newfoundland and Labrador to limit the information collected, or to view your child's information, please contact us.

### **Parent / Guardian Options**

I have read, understood and agree with above and sign it to cover all Youth Ministry activities for the program year effective as stated below. A separate Informed Letter of Consent will be sent home for off-site activities and activities of elevated risk.

**Parents'/Guardian Signature**

\_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Date** \_\_\_\_\_

This permission form is effective: DATE \_\_\_\_\_ to \_\_\_\_\_

**Pentecostal Assemblies of Newfoundland and Labrador | Plan to Protect® Policy**