



YOUNG LIFE OF CANADA – ROCKRIDGE CANYON
INFORMED CONSENT AND HEALTH INFORMATION



Guests **MUST** complete all spaces and sign this form prior to participation in any activities at RockRidge Canyon.
 Guests under the age of 19 must have this form signed by a parent or legal guardian.

YL Area	DATES AT CAMP		
Last Name	MSP Prov. Health Care # <small>(or State/Priv Insur. Policy Number)</small>		
First Name	Home Phone		
Email Address	Cell Phone		
Mailing Address	Birth Date (dd/mm/yy)		
City	Age		
Province/State	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Postal/Zip Code	Emergency Contact		
Parent, Guardian or Spouse's Name	Emergency Cont. Phone #(s)		

Dietary Requests Gluten Free Dairy Free Nut Free Vegetarian Other _____

CONSENT- Read thoroughly before signing

MEDICAL TREATMENT: I hereby give permission to the qualified practitioner appointed by RockRidge Canyon (RRC) to provide medical treatment within their scope of practice. I also agree to be transported to a local hospital in a medical emergency in the event that I am not able to give verbal consent.

HEALTH COVERAGE: I agree to provide RRC with evidence of current medical coverage under BC Medical or equivalent. I understand I may be billed for medical expenses not covered by my Provincial Health Plan, my extended medical coverage, or my personal insurance plan. If they do not completely cover my medical expenses, Young Life's accidental coverage will pay for additional expenses up to a limit of \$4,000.00 USD for dental and \$20,000.00 USD for other injuries from Young Life activities (not sickness).

LIABILITY: I understand RRC has undertaken to ensure the property and recreational activities are as safe as possible. By my participation in activities, I understand there are inherent risks based on my involvement and I choose to accept any risk of personal injury. I also understand RRC cannot guarantee a food-allergy-free environment. I am hereby informed that possible illness or injury may result due to exposure to allergens.

JURISDICTION: I understand any and all actions that may arise from this agreement or the use of RRC will be governed by the laws of British Columbia, Canada and I consent to the exclusive jurisdiction of the courts in British Columbia, Canada.

BEHAVIOUR AND DISMISSAL: The Director or designate reserves the right to dismiss a guest without refund who, in his/her opinion, is a hazard to the safety rights of others or who appears to have rejected the reasonable controls of the property. I certify I have no knowledge of any physical or mental impairment that would be affected by participation in the RRC program. I hereby give permission to the Director or designate of RRC to search belongings or personal affects for prohibited items if suspected. I agree to reimburse RRC for damage or defacement of property attributable to my activity at camp.

LOST ITEMS: RRC is not responsible for personal items which are lost, stolen or damaged.

PROMOTIONAL: I give permission to RRC or its designate to send information to my email and also to take and use photos, videos or any other recording of me or my named minor for use in promotional materials or camp videos.

By signing below, I accept that I am giving informed consent and understand that there are inherent risks in any and all aspects of participation. I save and hold harmless the Directors, Officers, Volunteers, Employees of RockRidge Canyon, Young Life of Canada and any or all of their affiliates from any and all actions, causes of action, claims and demands resulting from any loss, injury or damage to person or property which has arisen or may arise from any and all use of RRC including any programs, travel, activities, or otherwise.

By signing below, you are verifying you have carefully read and understand the contents of this informed consent and health form. The parents/guardians submitting this form on behalf of a minor are those having legal custody of the minor. If a custodial order is in place, this will be fully communicated to RRC including a photocopy of the section of any court order referring to visitation rights. This consent is also intended to include all claims of my family members, estate, heirs, personal representatives or assigns.



Camper Signature

Parent/Guardian Name

Parent/Guardian Signature

Date

Parent or Guardian signature required for children under the age of 19

(CONTINUED ON NEXT PAGE)

Last Name	YL Area / Location
First Name	Trip Coordinator

HEALTH CARE INFORMATION FOR MEDICAL STAFF ONLY

This section is to be completed by a parent or guardian for guests under the age of 19. It is the responsibility of the guest, parent, or guardian to notify RockRidge Canyon, in writing, if any new medical issues or conditions arise prior to arrival (e.g. exposure to a communicable disease, etc.)

Name of Family Physician	Office Phone
Foreign only: Medical Insurance Company or Extended Health Plan	
Address of Insurance Co.	
Phone	

List all known allergies or medical dietary restrictions (give details and treatment, if applicable)

Check all immunizations that are up-to-date (place an x in front of description if the answer is yes)

DPT (Diphtheria/Pertussis/Tetanus)
 Polio
 MMR (Measles/Mumps/Rubella)

Check any medical conditions – (C) current or (P) past

Breathing
 Diabetes
 Headaches
 Bleeding condition
 Heart condition
 Fainting
 Infections
 Seizures
 Digestive condition
 Bone/joint condition
 Behaviour issues
 Recent operation(s)
 Recent injury
 Other conditions not listed

Provide detail

Recommendations and Restrictions while at Camp

Treatments/medications to be continued while on property (be specific):

Activities to be limited:

Additional information that the doctor or property should be aware of: