

# Bakerview Youth Wild Waves Permission and Waivers

2285 Clearbrook Road  
Abbotsford, BC  
V2T 2X4 – (604) 859-4611

## To Parents/Guardians:

On August 17, 2011, we'll be taking a bus down to Wild Waves Theme Park in Seattle. Due to us crossing the border, additional forms are required. While the event is put on by the Youth Ministry at Bakerview, I consider this to be a family event, which means that you are welcome to come as an entire family along with your kids.

Due to new regulations in crossing the border, please be aware that if your child is 16 or older the day that we go on the event, they will **require** a passport to participate. If they are younger than 16, a birth certificate and picture ID would suffice, although a passport is still preferred. Please be aware that it is the youth's responsibility to ensure that they have proper identification with them at the border crossing.

The cost for the event is \$20, which will cover transportation and entry into the park, but not food for the day. Your youth can bring food with them (please be aware of food restrictions at the border, including fruit, etc.), or money to buy food in the park. They do not allow outside food or drink in, so we will be stopping before we arrive for a break to eat.

Please be aware that they will need US dollars with them in order to pay, as Canadian money is not accepted. I suggest a minimum of \$20 for drinks inside of the park, and dinner. Bakerview will also purchase travel insurance for the kids for the day, so that in the case of any emergency they will be covered. I am looking for a few adult volunteers, so let me know if you are free to come along for the day!

Stephen Philps  
*Associate Pastor of Youth Ministries*  
Bakerview Church  
2285 Clearbrook Rd  
Abbotsford, BC V2T 2X4  
Office: 604-859-4611  
Cell: 604-897-0760

**DATE/TIME OF TRIP: August 17, 2011, 8AM-10PM**  
**LOCATION: Wild Waves, Seattle** (36201 Enchanted Pkwy S | Federal Way, WA)  
**CONTACT INFORMATION:** Pastor Stephen (604.897.0760)  
Wild Waves (253.661.8000)

**BORDER PERMISSION:**

I understand that by allowing my child to participate in this event, that they will be crossing over the Canadian border into the U.S.A. I give permission to Bakerview Church (and Stephen Philps) to transport them across the border. To the best of my knowledge, there is no reason why my child would be ineligible to cross into the United States.

\_\_\_\_\_  
**Signature**

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

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

To Whom It May Concern

I (We), \_\_\_\_\_ (full name(s) of custodial and/or non-custodial parent(s)/legal guardian(s)), am (are) the \_\_\_\_\_ (lawful custodial parent and/or non-custodial parent(s) or legal guardian(s)) of

Child's full name: \_\_\_\_\_

Date of birth (DD/MM/YY): \_\_\_\_\_

Place of birth: \_\_\_\_\_

Canadian passport number: \_\_\_\_\_

Date of issuance of Canadian passport (DD/MM/YY): \_\_\_\_\_

Place of issuance of Canadian passport: \_\_\_\_\_

\_\_\_\_\_ (child's full name), has my (our) consent to travel with

Full name of accompanying person: Stephen Michael Jerry Philps

Canadian or foreign passport number: \_\_\_\_\_

Date of issuance of passport (DD/MM/YY): \_\_\_\_\_

Place of issuance of passport: \_\_\_\_\_

to visit **Wilds Waves in Seattle, Washington** during the period of August 17, 2011.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

(Full name(s) and signature(s) of custodial parent, and/or non-custodial parent(s) or legal guardian(s))

**MEDICAL CONSENT FORM and LIABILITY RELEASE AGREEMENT  
For Wild Waves Theme Park August 17<sup>th</sup>, 2011**

STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ (D/M/Y)

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

TELEPHONE # (RESIDENCE): \_\_\_\_\_ (WORK): \_\_\_\_\_

(CELL): \_\_\_\_\_ ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**ALTERNATIVE PERSONS TO CONTACT**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL: \_\_\_\_\_

**HEALTHCARE INFORMATION**

PRIMARY CARE PHYSICIAN NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ BC CARE CARD #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ BLOOD TYPE: \_\_\_\_\_

**ADDITIONAL INSURANCE COMPANY:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **POLICY #:** \_\_\_\_\_

**Does this policy include US Travel Insurance?** \_\_\_\_\_

**Brief Medical History**

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Heart or respiratory conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Behavioural Concerns:

\_\_\_\_\_

\_\_\_\_\_

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Medications:

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In the event of accident, injury or illness involving any child of mine (specifically including my child named above as the "Participant") while in, on, or about the premises of Bakerview MB Church or while participating in this activity under circumstances where I am physically unable to consent or am not present,

1. I hereby voluntarily authorize and consent to the furnishing to (specifically including my child named above as the "Participant") of such medical care, attention, and treatment by any hospital, physician or dentist as such hospital, physician or dentist may deem necessary or advisable, including any x-ray examination, anaesthetic, medical, or surgical diagnosis or procedure.
2. I authorize any adult associated with the activity to consent to such medical care, attention and treatment.
3. I agree to pay the reasonable cost of such medical care, attention or treatment and to indemnify and hold free and harmless of and from any and all liability for such cost the assisting adult, Bakerview MB Church, and the officers, employees and members of said organizations. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

I agree that a photocopy of this consent or a copy sent by facsimile may be accepted by any health care providers. This consent shall be valid for one (1) year from the date of signing.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

LIABILITY RELEASE AGREEMENT

IN CONSIDERATION OF ACCEPTANCE OF MY CHILD'S REGISTRATION TO PARTICIPATE IN YOUTH PROGRAMS AND ACTIVITIES AND, RECOGNIZING THE RISKS ASSOCIATED WITH SAID ACTIVITIES, THE UNDERSIGNED HEREBY WAIVES ALL CLAIMS FOR PERSONAL INJURY AND PROPERTY DAMAGE AND HEREBY RELEASES BAKERVIEW MB CHURCH, AND ALL OF THEIR DIRECTORS, OFFICERS, MEMBERS, EMPLOYEES, AND THE YOUTH VOLUNTEERS AND SPONSORS, OF AND FROM ANY AND ALL CLAIMS AND LIABILITIES OF WHATEVER KIND, WHICH I OR MY CHILD MIGHT HAVE, ARISING OUT OF MY CHILD'S PARTICIPATION IN THE BAKERVIEW MB CHURCH YOUTH GROUP AND ALL ACTIVITIES RELATING THERETO.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE