

Off-Site Excursion Form

Name of Event: **Winter Retreat**

Date of Event: Fri, Feb 6 to Sun, Feb 8

Location of Event: Muskoka Woods
4585 Ontario 141
Rosseau, ON P0C 1J0

Time: The bus leaves the church at 4:15 pm on Fri, Feb 6,
please drop off your child no later than 4 pm.

Pick up from the church at approximately 4:30 pm on
Sun, Feb 8

Cost: \$245

Things to Bring: List will be emailed to you after registration

If you have any questions or concerns, please contact Pastor Mario at 905-846-1770 or pastormario@hlbchurch.com

Students name: _____ Health Card #: _____

Please list any medication your child may need: _____

Parents will be contacted immediately in case of emergency.

In case of medical emergency requiring immediate treatment and/or emergency requiring surgery, I grant permission for staff of Heart Lake Baptist Church to hospitalize my child and allow the appointed physician(s) to treat the condition.

Parents Phone #: _____ Emergency #: _____

Parent/Guardian Signature: _____ Date: _____

Parent(s) name Printed: _____



HEART LAKE
BAPTIST CHURCH

Medical Release and Permission Form

Event: Winter Youth Retreat

Effective dates: Fri, Feb 6 – Sun, Feb 8, 2026

Name: _____ Age _____ Birthday _____

Grade: _____ Male Female Email _____

Address _____

Phone (home) _____ (cell) _____

Health Card # _____

Mother's name _____ Phone: _____

Father's name _____ Phone: _____

Emergency contact _____ Phone: _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your student's safety and our knowledge, is your student a—
 good swimmer fair swimmer non-swimmer

2. Does your child have allergies to—
 pollens medications food insect bites

if other, please state: _____

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

asthma epilepsy/seizure disorder heart trouble diabetes frequently upset stomach
 physical handicap

4. Does your child wear: glasses contact lenses

5. Please list and explain any major illnesses the child experienced during the last year:

6. Should this child's activities be restricted for any reason? Please explain: _____

For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property of Heart Lake Baptist and anything Borrowed, or Rented
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include, but are not limited to cookouts, boating, water skiing, swimming, basketball, games in the park, soccer, volleyball, softball, baseball, camping, hiking, rock climbing, biking, concerts, Bible studies, golfing, miniature golf, hayrides, concerts, caving, canoeing, kayaking, rafting. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to Leader 1-2 weeks prior to that event.*

The above-named student has my permission to attend all youth activities sponsored by **Heart Lake Baptist Church**.

This consent form gives permission to seek whatever medical attention is deemed necessary and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from all liability for any injury, loss, or damage to person or property that may occur during my/our child's involvement. If he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ Date: _____



Muskoka Woods will not be responsible for ensuring that the participants of any activities have the requisite skill, are provided any necessary supervision by responsible persons and that all individual safety requirements are observed by participants.

Without assuming any liability, and in the interests of safety, in the case of any use of any of these special facilities, Muskoka Woods reserves the right, through any of its responsible employees, to insist upon all appropriate safety rules and procedures being observed and upon any degree of supervision it considers advisable being provided by the guest group, and to limit or terminate the use of any such special facilities as it may consider advisable.

In the event that a guest requires medication, X-ray, or treatment beyond that which is possible at Muskoka Woods, the guest group will be charged with the additional expense of transportation and special care. It is the responsibility of the guest group to notify the affected guest's family.

The undersigned authorizes the administration of any first aid treatment necessary at Muskoka Woods, and in the case of medical emergency, give permission to the Physician selected by the guest group staff or sponsors to hospitalize and secure proper treatment for the undersigned as named below. Every effort will be made to contact parents or guardians before such action.

The undersigned grants permission to Muskoka Woods and to any third party authorized by Muskoka Woods to use photos, videos or any other recording or reproduction of the undersigned in any medium for use in promotional materials and/or as otherwise seen fit by Muskoka Woods.

For valuable consideration, the receipt of which is hereby acknowledged, the undersigned hereby releases and forever discharges Muskoka Woods, Muskoka Woods Youth Camp Inc., Gwitmoc Foundation and Muskoka Woods Youth Foundation and their respective members, agents, volunteers, employees, officers and directors (the "Releasees") 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 the Muskoka Woods including any programs or otherwise, unless any such loss, injury or damage may have arisen by reason of the negligence of the Releasees.

The undersigned agrees that any and all actions arising out of this agreement or the use of the Muskoka Woods will be governed by the laws of Ontario, Canada and consents to the exclusive jurisdiction of the courts in Ontario, Canada in any and all such actions.

****Group members under 18 years of age require the signature of a Parent or Guardian****

Name of School or Group: _____ **Date of Trip:** _____

Name of Participant (please print): _____ **Date Signed:** _____

**Signature
of Participant:** _____

**Signature
of Parent/Guardian (if necessary):** _____