

## Canada's Quinte Youth Unlimited - Wonderland Trip YOUTH

July 3<sup>rd</sup>, 2024



<u>SCHEDULE</u> <u>QUESTIONS</u>

8:00am - Bus leaves from QYU Youth Centre

10:30am - Bus arrives at Wonderland

**5pm -** FREE pizza supper

8:30pm - Bus Leaves Wonderland

11pm - Bus arrives at QYU Youth Centre

QUESTION.

**Contact Colin Leaver** 

Phone: 613-969-0471 Text: 613-242-6733

e-mail: colin@qyu.ca

## COMPLETE THIS FORM BELOW AND RETURN IT TO THE YOUTH UNLIMITED OFFICE WITH THE FULL NON-REFUNDABLE \$80 PAYMENT BY FRIDAY, JULY 1 2024.

This trip is designed for high school youth. In respecting your privacy, the information you give below is only used for the intent for which you gave it.

This information is kept secure by Quinte Youth Unlimited and is not sold or distributed to other businesses, groups or organizations.

| Email:   | Name:   | Phone: (h)  |   | (cell)  |  |
|--|---|---|---|---|--|
| Address: City: Postal Code: Birth date: M/D/Y OHIP # Doctors Name: Phone: Phone: Emergency Contact 1: Name: Phone #: Cell #: Work #: Emergency Contact 2: Name: Relationship: Work #: Emergency Contact 2: Name: Relationship: Phone #: Cell #: Work #: Step 2: Health History  Allergies: **Please note that the event is not allergy - free. There may be peanut butter or similar products present.  Step 3: Parents Authorization and Release of Liability  I herby give permission to the physician selected by a Quinte Youth Unlimited staff person or representative to order X-Rays, routine tests and treatment for the health of the student named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by a Quinte Youth Unlimited staff person or representative to order injections and / or anesthesia and / surgery for my child as named above. In the case of a behavior problem, where your child has clearly violated the stated rules, you will be contacted and your child will be asked to withdraw from the trip. The arrangement and cost of transportation and / or alternative accommodations to return home will be your responsibility. The fee will not be refunded. As a parent / guardian you are responsible for any damage caused by your child.  I (the undersigned) give permission for   | Email:@   |   | School:   |   | Grade:   |
| Emergency Contact 1: Name:   | Address:  | City:   |   | Postal Code:  |  |
| Phone #:   |   |   |   |   |  |
| Emergency Contact 2: Name:   | Emergency Contact 1: Name:  | Relationship:   |   | _   |  |
| Emergency Contact 2: Name:   | Phone #:  | Cell #:   | Work #:   |   |  |
| Allergies:  *Please note that the event is not allergy - free. There may be peanut butter or similar products present.  Step 3: Parents Authorization and Release of Liability  I herby give permission to the physician selected by a Quinte Youth Unlimited staff person or representative to order X-Rays, routine tests and treatment for the health of the student named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by a Quinte Youth Unlimited staff person or representative to order injections and / or anesthesia and /c surgery for my child as named above. In the case of a behavior problem, where your child has clearly violated the stated rules, you will be contacted and your child will be asked to withdraw from the trip. The arrangement and cost of transportation and / or alternative accommodations to return home will be your responsibility. The fee will not be refunded. As a parent / guardian you are responsible for any damage caused by your child.  I (the undersigned) give permission for (participants name) to attend this trip under the supervision of Quinte Youth Unlimited. I also give permission for pictures or videos that may include my child to be used for future promotion of the trip.  I, as a parent/guardian of understand that my son/daughter will be traveling to Wonderland on July 3 <sup>rd</sup> 2024 with Quinte Youth Unlimited. For valuable consideration, the receipt of which is hereby acknowledged, the undersigned hereby releases and forever discharges Quinte Youth Unlimited, its trustees, directors, corporation members, servants, agents, volunteers and employees from any and all actions, causes of actions, claims and demands whatsoever whether existing as of this date, or in the future.  The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Quinte Youth Unlimited and | Emergency Contact 2: Name:  | Relationship:   |   | _   |  |
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| I,   | surgery for my child as named above. In the case of and your child will be asked to withdraw from the thome will be your responsibility. The fee will not be I (the undersigned) give permission for  | a behavior problem, where your or<br>rip. The arrangement and cost of t<br>e refunded. As a parent / guardian<br>(participants  | child has clearly violater<br>cransportation and / cransportation and / cransportation and / cransportant / cransp | ted the stated rules, you<br>or alternative accommod<br>or any damage caused be<br>trip under the supervisi                                   | will be contacted dations to return by your child.                                     |
| removal of our (my) child from the said activity at our expense, upon consultation with the adult staff and parents'/guardian's involved.  I acknowledge that I have read and understand the foregoing prior to signing this Authorization and Release of Liability.  Parent Name Date:  | Wonderland on July 3 <sup>rd</sup> 2024 with Quinte Youth Un hereby releases and forever discharges Quinte You employees from any and all actions, causes of action. The undersigned does also hereby give permission entrusted while attending and participating in activents. | limited. For valuable consideration<br>th Unlimited, its trustees, directors<br>ns, claims and demands whatsoev<br>for our (my) child to ride in any vel<br>ities sponsored by Quinte Youth U | n, the receipt of which<br>s, corporation membe<br>er whether existing a<br>hicle designated by th<br>nlimited. The undersi   | n is hereby acknowledge<br>ers, servants, agents, vo<br>s of this date, or in the f<br>ne adult in whose care the<br>igned also agrees to abi | ed, the undersigned<br>lunteers and<br>future.<br>he minor has been<br>de in the rules |
| Parent Name Date: Date:  |   |   |   |   |  |
| Parent Name  |   | foregoing prior to signing this Aut   | horization and Releas   | se of Liability.  |  |
| Participant Name Date: Date:   | I acknowledge that I have read and understand the   |   |   |   |  |
|  | -   | Signature:  |   | D   | ate:   |



- 1. Online: www.QYU.ca/pay Pay by Credit Card or E-transfer (give forms separately to a QYU leader)
- 2. Hand permission form and payment to one of the trip leaders (contact a QYU leader at www.QYU.ca/contact)
- 3. Mail payment and permission form to: Quinte Youth Unlimited P.O. Box 233, Belleville, ON, K8N 5A2
- 4. Drop off Form & Payment at the QYU Youth Centre

\*NOTE: If paying by cheque please make it payable to: "Quinte Youth Unlimited"