



YOUNG LIFE OF CANADA – MALIBU CLUB
INFORMED CONSENT AND HEALTH INFORMATION



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

Form with fields: YL Area, DATES AT CAMP, Last Name, MSP Number, First Name, Home Phone, Email Address, Cell Phone, Mailing Address, Birth Date (mm/dd/yy), City, Age, Province/State, Gender, Male, 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 Malibu Club 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 Malibu Club 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.

LIABILITY: I understand Malibu Club has undertaken to ensure the property and recreational activities are as safe as possible. I understand that travel by air or water is required in order to visit Malibu Club.

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, therefore, release, save and hold harmless Malibu Club, Young Life, Young Life of Canada, Malibu Yacht Charters, and their Directors, Officers, Volunteers, Employees 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 Malibu Club 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 Malibu Club including a photocopy of the section of any court order referring to visitation rights.

JURISDICTION: I understand any and all actions that may arise from this agreement or the use of Malibu Club 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 Malibu Club program.

LOST ITEMS: Malibu Club is not responsible for personal items which are lost, stolen, left behind, or damaged.

PROMOTIONAL PHOTOS: I give permission to Malibu Club or its designate to take and use photos, videos or any other recording of me or my named minor for use in promotional materials or camp videos.



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)

INFORMED CONSENT AND HEALTH INFORMATION - YOUNG LIFE SUMMER CAMPING

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 Malibu Club, 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
Non-Canadian 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
 Recent Injury Behaviour Issues Recent Operation 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: