



PLEASE PRINT INFORMATION - RETURN TO CHERYLL SULLIVAN

**General Info**

Child/Youth Name: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Child/Youth Home Phone Number: \_\_\_\_\_

Primary Address: \_\_\_\_\_

\_\_\_\_\_

(make any corrections to the address)

Parent email address: \_\_\_\_\_

**Please check one of the following:**

- Yes, please put me on a regular email distribution list
- Please just send me emails regarding big events or important things to know
- Please avoid sending me emails

**Permission/Wavers**

As a parent/guardian of \_\_\_\_\_,  
 I hereby give permission for the subject of this release to be involved in the overall  
 activities of the Wellington Square United Church Child/Youth Programs.

I/We understand all reasonable safety precautions will be taken at all times by Wellington  
 Square United Church and its agents during the events and activities. I/We authorize any  
 treatment by an accredited hospital and/or physician deemed necessary for the subject of  
 the release in case of an emergency. I/We understand the possibility of unforeseen  
 hazards and know the inherent possibility of risk. I/We agree not to hold Wellington  
 Square United Church, its leaders, employees, and volunteer staff liable for damages,  
 diseases, or injuries incurred by the subject of this form.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- Yes, I give Wellington Square United Church permission to use photos of my above-named child for promotional and general display on church bulletin boards, church website, and other promotional activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian



Children's Ministry  Youth Ministry

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Child/Youth Name: \_\_\_\_\_

Birthday: \_\_\_\_\_  
(month / day / year)

Health Card No. \_\_\_\_\_  
(optional but recommended)

(Version No.) \_\_\_\_\_

**Medical Conditions:**

If your child has significant health factors of which Wellington Square United Church should be aware of, please describe the condition(s) below:

- |       |                  |                              |                             |
|-------|------------------|------------------------------|-----------------------------|
| _____ | Life Threatening | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ |                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ |                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Allergies:**

Please list any allergies:

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Emergency Contact info:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Home # \_\_\_\_\_

Home # \_\_\_\_\_

Cell # \_\_\_\_\_

Cell # \_\_\_\_\_

Work # \_\_\_\_\_

Work # \_\_\_\_\_

**Permission to Drive/Ride with Youth Participant Driver**

As a parent/guardian of \_\_\_\_\_, I give him/her permission to (check all that apply):

- Drive a vehicle for a youth function if 18+ with valid Drivers License (and permission from vehicle owner)
- Ride in a vehicle with a Youth Participant 18+ Driver (parent to be alerted when applicable)
- Only ride with a Volunteer/Staff Driver (NOT a Youth Driver 18+)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian