Wellington Square UNITED CHURCH

Child/Youth Participant Form 2011-2012

Please print and complete all information and return to GraceLand Sign-In Reception Area

Child/Youth Name: _____

Parent/Guardian Names: _____

Child/Youth Home Phone#: _____

Child/Youth Birthday: ____ / ____ / _____ School Grade as of Sept 2011 : _____
mm dd yyyy

Health Card No (optional, but recommended): _____ Version No: _____

Primary Address: _____ Postal Code: _____

Parent's Email Address: _____

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

_____

_____

Parent/Guardian Emergency Contact Info

Name: _____ Home#_____ Cell#_____

Name: _____ Home#_____ Cell#_____

Permission to Drive/Ride – As a parent/guardian of _____, I give him/her permission to (check all that apply)

□ 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+)

I give Wellington Square United Church permission to use photos of my above-named child for promotional use and general display on church bulletin boards, church website, and other promotional activities.
□ Yes □ No

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: _____