

St. Paul's United Church
Registration Form and Medical Information

Please print clearly. Fill out the following information accurately & thoroughly. A signature is also required.

Child's Name: _____ Date of Birth: _____
Last First (Day/Month/Year)

Address: _____ Phone: _____

Parent/Guardian(s): _____ Health Card #: _____

It is imperative to the well-being of your child that someone is available to be contacted in case of emergency. Please supply us with your name and contact information as well as an alternate emergency contact to be used if you cannot be reached.

Primary Contact (your name and numbers)

Name: _____ Relationship to child: _____

Phone: Home _____ Work _____ Cell _____

Secondary Contact

Name: _____ Relationship to child: _____

Phone: Home _____ Work _____ Cell _____

Please indicate if your child has any medical conditions/allergies and give details:

Please give details of usual treatment should the condition indicated occur:

Are any of these allergies life threatening? _____

Please list any activities that your child cannot, due to medical reasons, participate in:

Please include any other information that you think would help us better care for your child – i.e. special conditions, custody consideration, etc.

I agree and comply that all of the information provided on this form is true and accurate – lacking nothing. I hereby release my child to the care and medical discretion of the staff, volunteers and employees of St. Paul's United Church Youth programs.

Signature of Parent/Guardian _____ Dated: _____

PARENTAL WAIVER AND CONSENT FORM

In consideration of my child's participation in the activities at St. Paul's United Church Youth Programs, I do hereby declare my child to be medically able to participate in the activities and events offered by St. Paul's United Church.

INDEMNITY

I agree to hold free from any and all liability St. Paul's United Church and its officers, employees, members, volunteers and sponsors and do hereby release and forever discharge any and all rights and claims which I may have for damages, loss or injury suffered by my child, which he/she may have or which may accrue to him/her arising out of or connected with his/her participation in this event.

I have been appraised and acknowledge the particular hazards and potential dangers involved in the participation of the Youth Programs and events.

MEDICAL AUTHORIZATION

I hereby authorize the employees, volunteers, and sponsors of St. Paul's United Church Youth Program to make any and all decision regarding the emergency treatment of my child.

(please print)

I, _____ Parent/Guardian, have read, understand, and agree with the **RELEASE, INDEMNITY, AND MEDICAL AUTHORIZATION** above.

Dated this _____ Day of _____ in the Year _____

Signature (Parent/Guardian) _____

PHOTOGRAPHY AUTHORIZATION

Photos:

Photos may be taken of the various activities and events of St. Paul's United Church, in which your child may be participating, to be used for, but not limited to, display in the church, PowerPoint presentations, church publications, or church website, all of which could be available to the public.

Media Coverage:

Occasionally, the news media (including, but not limited to, newspaper, television, radio, magazine) may photograph, interview, videotape, or record youth participating in an event by the church to use in news stories which are available to the public.

(please print)

I, _____ (Parent/Guardian) give permission for my child,
_____ to participate.

Signature (Parent/Guardian) _____